

IIS School and Childcare Functionality Webinar

ALL PHONE LINES ARE IN LISTEN ONLY MODE.

How do I ask a question?

- via WebEx: type your question into the **chat** box on the WebEx toolbar and send to HOST
- questions will be noted and answered after the presentation, to unmute your line **press *6**

This WebEx presentation is being recorded and will be posted on the AIRA website.

IIS School & Childcare Highlights

ESC WEBINAR

AUGUST 29, 2017



Rhode Island Department of Health



Welcome to KIDSNET



[Search](#)

[Patient List](#)

[Demographics](#)

[Newborn Summary](#)

[Child Summary](#)

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[Lead Poisoning](#)

[Early Intervention](#)

Immunization

[WIC](#)

[Hearing Assessment](#)

[Newborn Developmental Risk](#)

[Family Visit](#)

Immunization

[printer-friendly version](#)

Search

Enter KIDSNET ID:

[LookUp](#)

Child Information -03/17/2017

Name: **SNEEZY D ARAGOM**

KIDSNET ID: **6124286**

Date Of Birth: **02/22/2009**

Age: **8y 0m**

Gender: **FEMALE**

KIDSNET Status: **ACTIVE**

PCP: **TEST PEDIATRIC PRACTICE**

Parent/Guardian: **PARENT R ARAGOM**

Date of birth: **07/19/1979**

School Requirements:

K:

7th:

8th:

9th:

12th:

(as of 8/1/2017)

Valid Doses	1	2	Vaccine Groups Not Meeting Criteria: Mening HPV Tdap		5	NEXT DUE
Hepatitis B 3 valid doses	02/23/2009 HepB ped/adol 0m 1d	05/05/2009 DTaP-HepB- IPV 2m 13d				End of Series Reached
DTaP 5 valid doses	05/05/2009 DTaP-HepB- IPV 2m 13d	07/15/2009 DTaP-HepB- IPV 4m 23d	08/25/2009 DTaP-HepB- IPV 6m 3d	07/26/2010 DTaP 17m 4d	05/02/2013 DTAP-IPV 4y 2m	See Tdap Below
Pneumo 4 valid doses	05/04/2009 Prevna 7 2m 12d	07/15/2009 Prevna 7 4m 23d	08/25/2009 Prevna 7 6m 3d	07/26/2010 Prevna 13 17m 4d		Childhood Series Complete



PLAY

Welcome to KIDSNET

[Search](#)[Recently Viewed](#)[User Management](#)[User Profile](#)**Immunization
School Reports**[Forms & Resources](#)[KIDSNET Help](#)[Logoff](#)

Immunization School Requirements Report

Immunization School Requirements

Select School Select Requirements Select Grade Select Vaccine group Include in Report

Results

Total number of children in school/district: 100

Total number of children in KIDSNET not meeting the selected Requirement: 10

Total number of children in KIDSNET meeting the selected Requirement: 88

Total number of children not in KIDSNET: 2



Go

Actions

Kidsnet Id	Last Name	First Name	Dob	Vaccine Groups Not Met
12345	BROWN III	CHARLIE ADAM	02/19/2014	Polio, HepB



Colorado Department of Public Health & Environment

Home

Patients

Search

Demographics

Notes

Precautions/
Contraindications

Exemptions

Duplicates

Immunizations

Education

Reports/Forms

Version 16.4.20160930
Copyright © 2001-2016
Envision Technology Partners Inc.

Last Name

TEST

First Name

OLIVER

Middle Name

DOB

MM/DD/YYYY



Gender

Previous Criteria

Clear

Search

Search Results - 1 record(s)

ID	Name	Gender	DOB	School	Action
3943068	TEST, OLIVER G 1660 CONGRESS PARK DENVER, CO 80205	M	09/21/2015		  Demographics

Exemption
Icon

You may add a new patient by clicking the 'New Patient' button.

New Patient

- Demographics
- Immunizations
- Duplicates
- Education
- Exemptions
- Notes
- Precautions / Contraindications



Q Patient Search

**Training
Environment**

Home

Patients

Search

Demographics

Local IDs

PROVIDER: PHYLLIS MANUAL CLINIC

CLINIC: PHYLLIS MANUAL CLINIC

VFC PIN: 007

 **TEST, MAY**

ID: 444896

DOB: 07/14/2006

AGE: 9Y 11M 3D

GENDER: F

Exemptions

To create a new exemption click the "Add Exemption" button, or click "View" to edit an existing record.

Add Exemption



View



No records found

- Create a new record...

ATION

Q Patient Search

Training Environment

Home

Patients

Search

Demographics

Local IDs

Programs

Notes

Precautions/Contraindications

Events

Exemptions

Duplicates

Immunizations

Treatments

Education

Add/Edit Exemptions

To create a new exemption click the "Create" button, or click "Cancel" to return to the previous page.

Add

1

Exemption Reason

MEDICAL
RELIGIOUS
PERSONAL BELIEF
H1N1
HEPA
HEPB
HIB
HPV
INFLUENZA
MENINGOCOCCAL
MMR/MEASLES
OTHER
PNEUMO

4

2

Begin Date

MM/DD/YYYY

3

End Date

MM/DD/YYYY

5

Create

Cancel

Created

Selected

>>
>
<
<<



🔍 Patient Search

Training Environment

Home

Patients

Search

Demographics

Notes

TEST, MAY

ID: 444896

DOB: 07/14/2006

AGE: 9Y 11M 13D

GENDER: F

Exemptions

To create a new exemption click the "Add Exemption" button, or click "View" to edit an existing record.

Add Exemption



View

Vaccine Group	Exemption Reason	Precautions / Contraindications	Begin Date	End Date	Status	
MMR/Measles	Personal Belief		05/01/2016	06/30/2016	ACTIVE	View



Idaho Immunization Program



Incomplete





Conditionally Admitted



Exempt



Adequately Immunized

Patient Information		IRIS ID: 1210231		VFC Eligible:			
Patient Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Patient ID		
TEST RECORD	11/01/2000	U	TEST	DOB 9/2/99-9/1/2005			
Address 123 IDAHO ST, BROWN, ID 83121							
Comments							
Current Status: Incomplete 							
Reports							
Please Pick a Report List 				Add to Report			
History				Edit Patient Reports Print Print Confidential			
Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?
DTP/aP	11/02/2001	1 of 5			No		Yes
MMR	01/02/2002	1 of 2	MMR II ®		No		Yes
	01/03/2006	2 of 2	MMR II ®		No		Yes
Polio	02/01/2001	1 of 3			No		Yes
	04/01/2001	2 of 3			No		Yes
	10/01/2001	3 of 3			No		Yes
Current Age: 16 years, 8 months, 18 days							
Vaccines Required For School Entry							
Vaccine Group	Vaccine	Earliest Date	Recommended Date	Past Due Date			
DTP/aP	Maximum Age Exceeded						
HepB		11/01/2000	11/01/2000	02/01/2001			
MMR	Complete						
Polio	Complete						

Current Age: 14 years, 7 months, 8 days

Vaccines Required For School Entry

Vaccine Group	Vaccine	Earliest Date	Recommended Date	Past Due Date
DTP/aP			Complete	
HepB			Complete	
MMR			Complete	
Pneumococcal			Complete	
Polio			Complete	
Td	Tdap	04/18/2017	04/18/2017	04/18/2017

Vaccines Required for 7th Grade Entry

Vaccine Group	Vaccine	Earliest Date	Recommended Date	Past Due Date
Tdap	Tdap	01/02/2010	01/02/2014	08/16/2015
Mening			Completed	

Production Region 1.8

.....

School Access

- find student
- manage list
- check school report
- enter new patient

School Reports

- legal notice report
- check legal notice report
- conditional admission
- check cond admission
- notice of exclusion



Examples of IRIS Letters: Parent Legal Notice

FOR INCOMPLETE STUDENTS

DEPARTMENT OF HEALTH AND WELFARE
Idaho Immunization Program

STATE OF IDAHO
IDAPA 16.02.15

LEGAL NOTICE

Required Immunizations (shots) for Admission to Idaho Schools

To the Parent, Guardian or Legal Custodian of MONA LISA, Grade 2.

Idaho Code requires that children be up-to-date on their immunizations (shots) to attend school. Whenever children are brought into group settings, there is a potential for the spread of infectious diseases. To enter or transfer into public or private schools in Idaho, all children in preschool and grades K-12, unless exempted, must meet school immunization requirements at registration and before attendance. According to our records, your child is not compliant because either an immunization record is not available at school or an immunization(s) is needed (see reason for noncompliance marked below).

You need to act right away to keep your child in school. According to Idaho law, we cannot allow your child to attend school unless we receive evidence that Idaho school immunization requirements are met by 12/20/2016.

Reason for Noncompliance:

- ☐ No Record
- ☒ Your child needs the following checked vaccines¹:

<u>DTaP/Td</u>	<u>Polio</u>	<u>MMR</u>	<u>Hepatitis B</u>	<u>Varicella²</u>	<u>Hepatitis A</u>	<u>Tdap</u>	<u>Mening</u>
<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> 1 st Dose
<input checked="" type="checkbox"/> 2 nd Dose	<input type="checkbox"/> 2 nd Dose	<input checked="" type="checkbox"/> 2 nd Dose	<input type="checkbox"/> 2 nd Dose	<input type="checkbox"/> 2 nd Dose	<input checked="" type="checkbox"/> 2 nd Dose		
<input type="checkbox"/> 3 rd Dose	<input type="checkbox"/> 3 rd Dose		<input type="checkbox"/> 3 rd Dose				
<input type="checkbox"/> 4 th Dose	<input type="checkbox"/> 4 th Dose						
<input type="checkbox"/> 5 th Dose							

¹ If your child needs more than one dose of any one vaccine, the series must be started by the deadline specified above and the Idaho Conditional Admission to School form must be completed. Your child will be permitted to attend school on the condition that they will receive still-needed doses as they become due.

² If your child already had chickenpox disease, varicella vaccine is not required. Please provide the school with documentation from your child's physician or licensed health care professional indicating that your child has had chickenpox.

Your immediate cooperation is appreciated.

Test School

School

Mary Smith, School Nurse

School Official

208.334.6994

School Phone

12/01/2016

Date Sent

Examples of IRIS Letters: Conditional Admission Forms

To be eligible for CONDITIONAL ADMISSION, a child must have received at least one dose of each required vaccine and currently be on schedule for subsequent immunizations.



IDAHO CONDITIONAL ADMISSION TO SCHOOL Schedule of Intended Immunizations Form

The Schedule of Intended Immunizations Form is required by IDAPA 16.02.15 to document the intended immunization schedule of a child who has not received all required immunizations for school admission. To be eligible for conditional attendance, a child must have received at least one dose of each required vaccine and currently be on schedule for subsequent immunizations following the intervals listed below.

SECTION 1: This section is to be filled out by school official. Sections 1 and 2 must be completed for this form to be valid.

A. NAME OF STUDENT: TEST, JOHNNY CONDITIONAL DATE OF BIRTH: 01 / 01 / 1997
Last First Middle Month/Day/Year

B. VACCINES NEEDED:

Check box(es) of MISSING required vaccines	Enter date of LAST dose received (mm/dd/yyyy)	Interval between doses	Enter due date of NEXT dose(s) (mm/dd/yyyy)
<input checked="" type="checkbox"/> Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT, Td)	Dose 1:	2nd dose: 4 weeks after 1st dose	Dose 2 due:
	Dose 2:	3rd dose: 4 weeks after 2nd dose (or 6 months after 2nd dose if 1st dose administered at 12 months or older)	Dose 3 due:
	Dose 3:	4th dose: 6 months after 3rd dose	Dose 4 due:
	Dose 4:	5th dose: 6 months after 4th dose (not required if 4th dose received on or after 4th birthday)	Dose 5 due: 01/07/2013
<input type="checkbox"/> Polio	Dose 1:	2nd dose: 4 weeks after 1st dose	Dose 2 due:
	Dose 2:	3rd dose: 4 weeks after 2nd dose	Dose 3 due:
	Dose 3:	4th dose: 6 months after 3rd dose (and child is at least 4 years of age)	Dose 4 due:
<input type="checkbox"/> Measles, Mumps, Rubella (MMR)	Dose 1:	2nd dose: 4 weeks after 1st dose	Dose 2 due:
<input type="checkbox"/> Hepatitis B	Dose 1:	2nd dose: 4 weeks after 1st dose	Dose 2 due:
	Dose 2:	3rd dose: 8 weeks after 2nd dose (and at least 16 weeks after 1st dose)	Dose 3 due:
<input type="checkbox"/> Varicella	Dose 1:	2nd dose: 3 months after 1st dose	Dose 2 due:
<input type="checkbox"/> Hepatitis A	Dose 1:	2nd dose: 6 months after 1st dose	Dose 2 due:

As the _____ (title) at _____ (name of school), I certify the child named above has record of receiving at least one dose of each required vaccine and is on schedule for additional required immunizations. I will review the immunization status of this child until all requirements are met. This conditional admission form expires on: 01 / 21 / 2013 (two weeks after latest due date above).

Mary Smith, School Nurse

Name of School Official (PRINT)

Signature of School Official

12 / 06 / 2013

Date

SECTION 2: This section is to be signed by parent/guardian.

As the parent/guardian of TEST, JOHNNY CONDITIONAL, I understand that my child is allowed to attend school on a conditional basis and I agree to have my child vaccinated as required, meeting the deadlines stated above. I also understand that it is my responsibility to provide the school with proof of the vaccines above and that failure to do so will result in exclusion of my child from school. I acknowledge that I have read this document in its entirety and I fully understand it.

Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian

Date



Oregon School Immunization and IIS

Stacy de Assis Matthews, MPH



August 29, 2017

Oregon
Health
Authority



FERPA

- Family Educational Rights and Privacy Act



FERPA

- Family Educational Rights and Privacy Act
- Privacy law for education institutions receiving federal funding



FERPA

- Consent required to release personally identifiable information



FERPA

- Consent required to release personally identifiable information
- Exceptions:
 1. Directory information
 2. Health or safety emergency

School access to Oregon ALERT IIS

School access to Oregon ALERT IIS

Yes

- View-only access

No

- Adding historical information

School access to Oregon ALERT IIS

Yes

- View-only access
- One-directional transfer

No

- Adding historical information
- Bi-directional transfer

School access to Oregon ALERT IIS

Yes


- View-only access
- One-directional transfer

No


- Adding historical information
- Bi-directional transfer

This may differ from state to state!

www.alertiis.org



ALERT Immunization Information System

[HOME](#)[FORMS](#)[RELATED LINKS](#)[TRAINING](#)

Training Region

Org Code:

Username:

Password:

DO NOT ATTEMPT TO
LOG ON UNLESS YOU
ARE AN AUTHORIZED
USER.

Hot Topics

[HT-1](#)[HT-2](#)[HT-3](#)

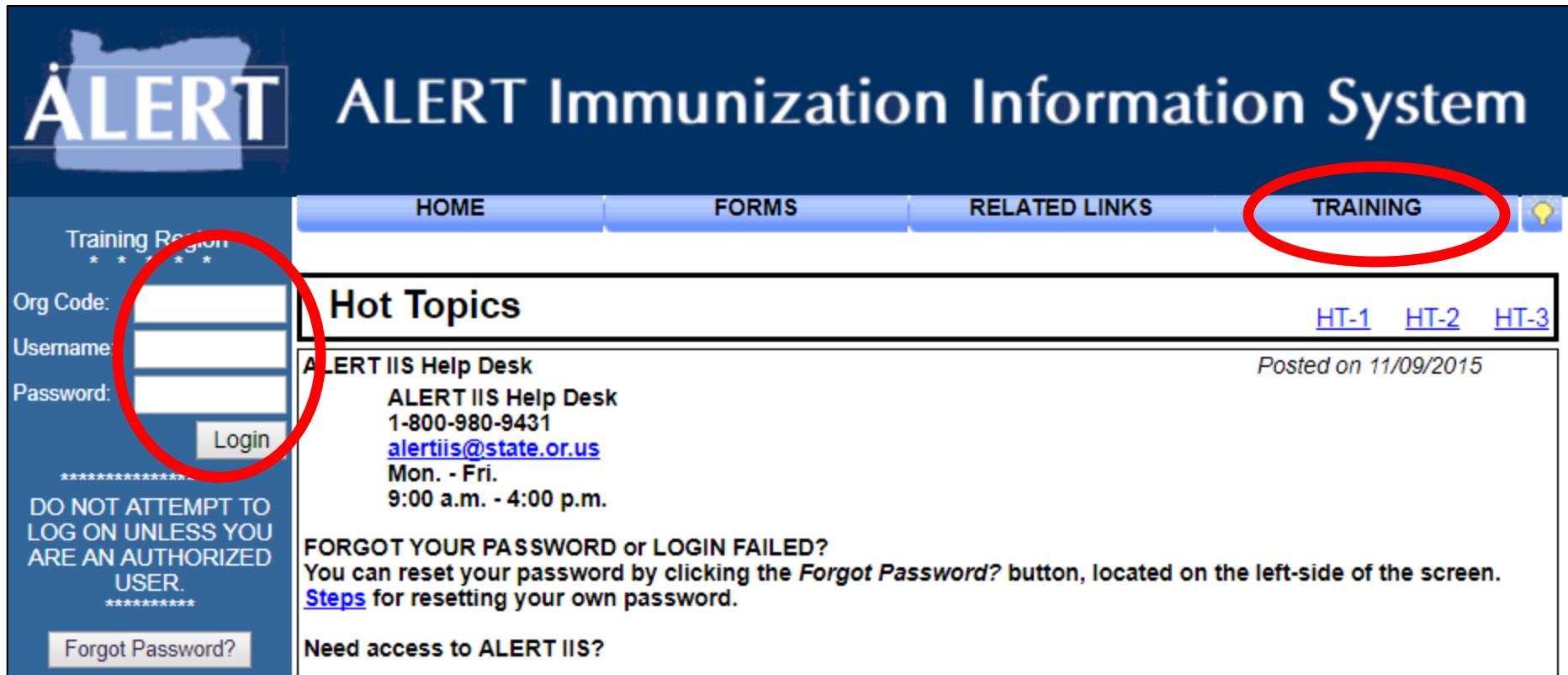
ALERT IIS Help Desk Posted on 11/09/2015

ALERT IIS Help Desk
1-800-980-9431
alertiis@state.or.us
Mon. - Fri.
9:00 a.m. - 4:00 p.m.

FORGOT YOUR PASSWORD or LOGIN FAILED?
You can reset your password by clicking the *Forgot Password?* button, located on the left-side of the screen.
[Steps](#) for resetting your own password.

Need access to ALERT IIS?

www.alertiis.org



ALERT ALERT Immunization Information System

HOME FORMS RELATED LINKS **TRAINING**

Training Region
* * * *

Org Code:

Username:

Password:

Login

DO NOT ATTEMPT TO LOG ON UNLESS YOU ARE AN AUTHORIZED USER.

Forgot Password?

Hot Topics

[HT-1](#) [HT-2](#) [HT-3](#)

ALERT IIS Help Desk Posted on 11/09/2015

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[Steps](#) for resetting your own password.

Need access to ALERT IIS?

What do schools do in
ALERT IIS?




What do schools do in ALERT IIS?

1. Find records

Student Search Criteria

Search by Patient

Minimum search criteria includes exact birth date and one additional field.

Last Name	<input type="text" value="pi"/>	Mother's First Name	<input type="text"/>	<input type="button" value="Find"/>	<input type="button" value="Clear"/>
First Name	<input type="text"/>	Phone	<input type="text"/> - <input type="text"/> - <input type="text"/>		
Middle Name	<input type="text"/>				
* Birth Date	<input type="text" value="07/04/2005"/> 				

Student Information

[School Record](#)
[Print Confidential](#)
[Cancel](#)

Student Name (First - MI - Last)

DOB

Gender

Tracking Schedule

APPLE PIE

07/04/2005

F

ACIP



Current Age: 12 years, 1 month, 20 days

Reports

[Add this Student to a Report List](#)

Please Pick a Report List



Immunization Record

Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Reaction
DTP/aP	09/09/2005	1 of 5	DTaP, NOS [DTaP, NOS ®]		
	11/11/2005	2 of 5	DTaP, NOS [DTaP, NOS ®]		
	01/21/2006	3 of 5	DTaP, NOS [DTaP, NOS ®]		
	07/07/2006	4 of 5	DTaP, NOS [DTaP, NOS ®]		
	07/27/2010	5 of 5	DTaP, NOS [DTaP, NOS ®]		
HepA	07/07/2006	1 of 2	HepA, NOS [HepA, NOS ®]		
	07/27/2010	2 of 2	HepA, NOS [HepA, NOS ®]		
HepB	07/04/2005	1 of 3	HepB, NOS [HepB ®]		
	09/09/2005	2 of 3	HepB, NOS [HepB ®]		
	01/21/2006	3 of 3	HepB, NOS [HepB ®]		
MMR	07/07/2006	1 of 2	MMR [MMR II ®]		
	07/27/2010	2 of 2	MMR [MMR II ®]		
Polio	09/09/2005	1 of 4	Polio, NOS		
	11/11/2005	2 of 4	Polio, NOS		
	01/21/2006	3 of 4	Polio, NOS		
	07/27/2010	4 of 4	Polio, NOS		
Varicella	07/07/2006	1 of 2	Varicella [Varivax ®]		
	07/27/2010	2 of 2	Varicella [Varivax ®]		

Vaccines Recommended by Selected Tracking Schedule

Vaccine Group	Vaccine	Earliest Date	Recommended Date	Past Due Date
DTP/aP	DTaP, NOS		Complete	
HepA	HepA, NOS		Complete	
HepB	HepB, NOS		Complete	
HPV	HPV, NOS	07/04/2014	07/04/2014	07/04/2018
Influenza-seasonal	Flu NOS	07/04/2014	08/01/2017	07/04/2014
Meningo	Meningococcal, NOS	07/04/2016	07/04/2016	07/04/2018
MMR	MMR		Complete	
Polio	Polio, NOS		Complete	
Td/Tdap	Tdap	07/27/2015	07/04/2016	07/27/2020

Student Information

School Record

Print Confidential

Cancel

Student Name (First - MI - Last)

DOB

Gender

Tracking Schedule

APPLE PIE

07/04/2005

F

ACIP

Current Age: 12 years, 1 month, 20 days



Oregon Certificate of Immunization Status Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

PIE **APPLE** **07/04/2005**

Child's Last Name *Apellido* First *Primer Nombre* Middle Initial *Segundo Nombre* Birthdate *Fecha de Nacimiento*

Mailing Address *Dirección* City *Ciudad* State *Estado* Zip Code *Código Postal*

Parents' or Guardians' Names
Nombre de los padres o guardian

Home Telephone Number
Número de Teléfono

Required Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yyyy) 09/09/2005	(mm/dd/yyyy) 11/11/2005	(mm/dd/yyyy) 01/21/2006	(mm/dd/yyyy) 07/07/2006	(mm/dd/yyyy) 07/27/2010
Booster Dose Tdap					
Polio (IPV or OPV)	09/09/2005	11/11/2005	01/21/2006	07/27/2010	
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yyyy)	07/07/2006	07/27/2010			
Measles/Mumps/Rubella (MMR) or	07/07/2006	07/27/2010			
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Hepatitis B (Hep B)	07/04/2005	09/09/2005	01/21/2006		
Hepatitis A (Hep A)	07/07/2006	07/27/2010			
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

I certify that the above information is an accurate record of this child's immunization history.

Signature* _____ Printed from Oregon ALERT IIS 08/24/2017

Date

Update Signature _____

Date

Update Signature _____

For school/facility use only

School/facility Name

Student ID Number

Oregon
Health
Authority

What else do schools do in
ALERT IIS?



What else do schools do in ALERT IIS?

2. Assess records

Tracking Schedule

ACIP



Vaccines Recommended by Selected Tracking Schedule

Vaccine Group	Vaccine	Earliest Date	Recommended Date	Past Due Date
DTP/aP	DTaP, NOS		Complete	
HepA	HepA, NOS		Complete	
HepB	HepB, NOS		Complete	
HPV	HPV, NOS	07/04/2014	07/04/2014	07/04/2018
Influenza-seasnl	Flu NOS	07/04/2014	08/01/2017	07/04/2014
Meningo	Meningococcal, NOS	07/04/2016	07/04/2016	07/04/2018
MMR	MMR		Complete	
Polio	Polio, NOS		Complete	
Td/Tdap	Tdap	07/27/2015	07/04/2016	07/27/2020
Varicella	Varicella		Complete	

Student Information			School Record	Print Confidential	Cancel
Student Name (First - MI - Last)	DOB	Gender	Tracking Schedule		
APPLE PIE	07/04/2005	F	<div>ACIP Grades 10-12 Grades 7-9 Grades K-6 Preschool/DayCare</div>		
Current Age: 12 years, 1 month, 20 days					
Reports					

Tracking Schedule

Grades 7-9



Vaccines Recommended by Selected Tracking Schedule

Vaccine Group	Earliest Date	Recommended Date	Past Due Date
DTP/aP		Complete	
HepA		Complete	
HepB		Complete	
Measles		Complete	
Mumps		Complete	
Polio		Complete	
Rubella		Complete	
Td/Tdap	07/04/2016	07/04/2016	07/04/2016
Varicella		Complete	

The Future





The Future

Connecting with Student
Information Systems

The Future



A vibrant field of yellow wildflowers, likely Golden Rods, stretches across a grassy hillside. The flowers are in various stages of bloom, with bright yellow petals and dark centers. The background shows rolling hills under a blue sky with scattered white clouds. The overall scene is bright and natural.

The Future

Leveraging ALERT IIS as the
primary source of school records

Questions?

stacy.d.matthews@state.or.us



Washington Immunization Information System School Module

Ashley McHugh, MPH & Katherine Graff, RN, BSN
Washington State Department of Health
Office of Immunization and Child Profile

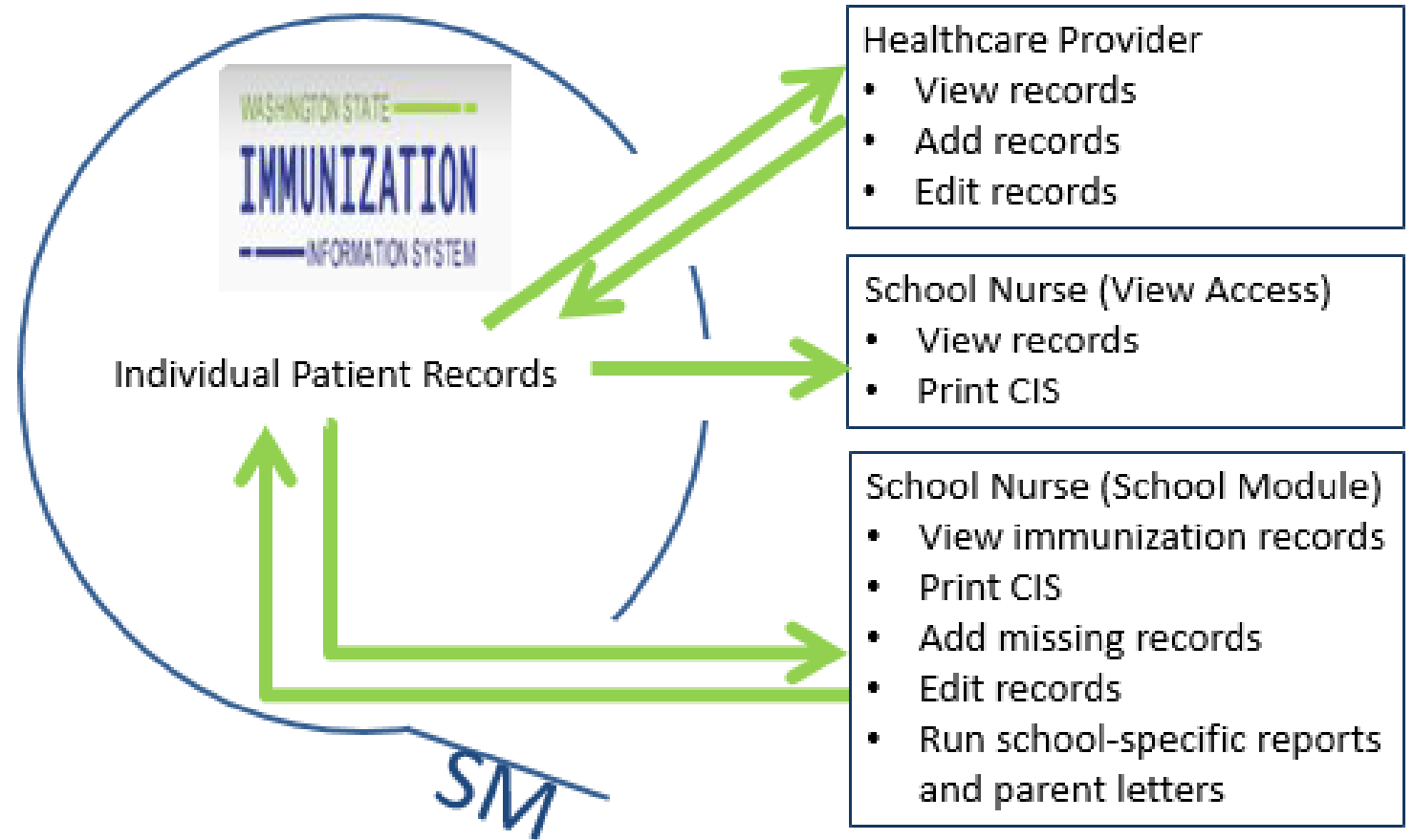
PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY



Washington Immunization Information System

School Module

The School Module is a portal into the IIS that allows schools to access existing immunization records and manage student immunization data to conduct their immunization compliance work.

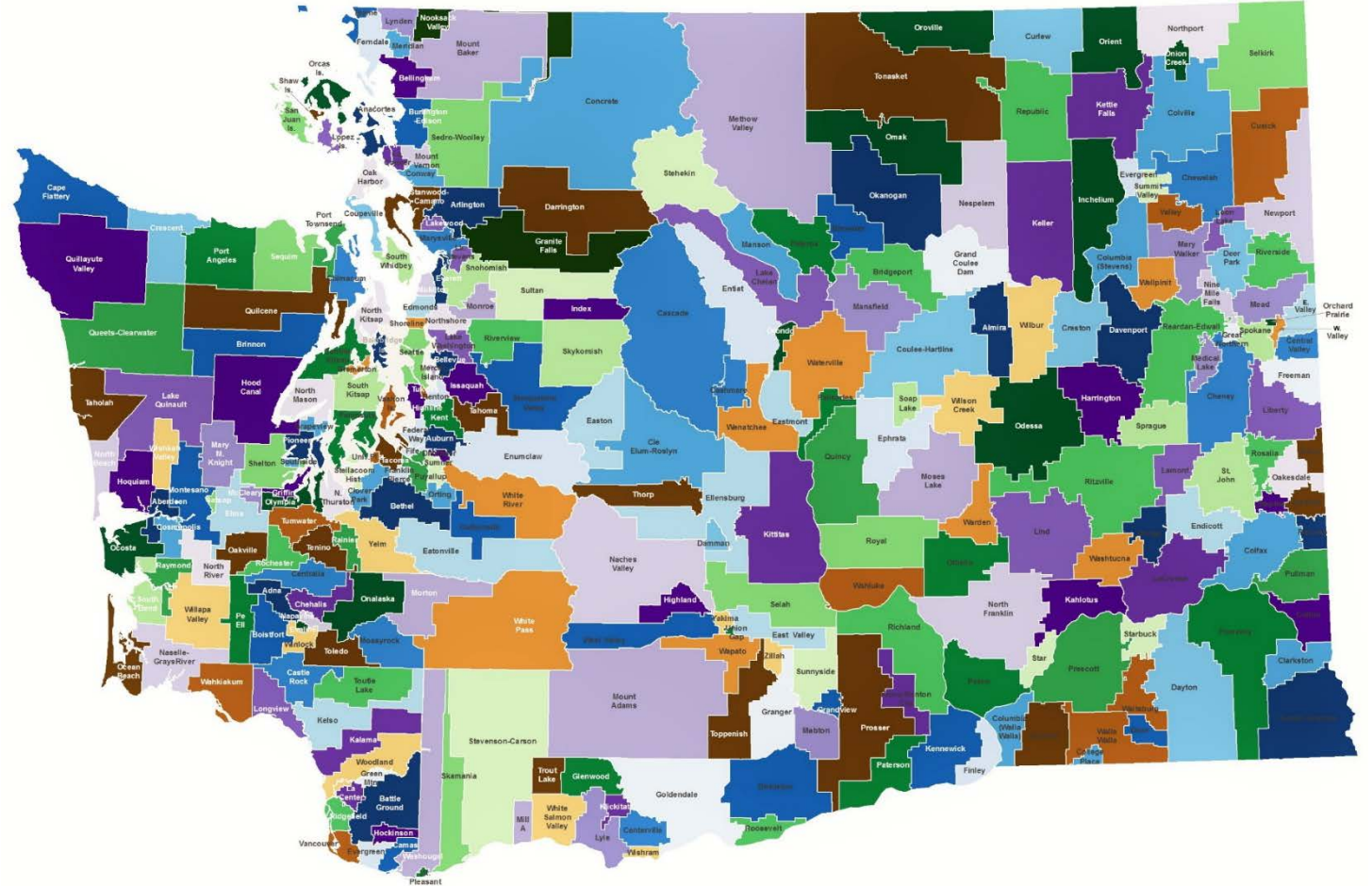


School Module Rollout

Three years to roll out the School Module statewide

Number of School Districts:

- Approx. 318 public school districts
- Approx. 537 private schools



School Module Student Roster

WASHINGTON STATE
IMMUNIZATION
INFORMATION SYSTEM

Main

Home

Logout

Select School

Document Center

Patient

Search/Add

Demographics

Remote Registry

Vaccinations

Settings

Schools

Edit Schools

Roster

Absenteeism


Reports

Scheduled Reports

Change Password

Answers

Contact Us



Logged in: KATHERINE MICHELE GRAFF

Organization (IRMS): NORTSHORE SCHOOL DISTRICT (1943)

Date: September 15, 2016

School Roster

Criteria

School: VERY HEALTHY ELEMMENTARY

Grade: All

Last Name	First Name	Birthday	SIIS Patient ID	Status	Exemption on File?	Grade	Move To?	Remove?
CAT	ALICE	12/01/2010	5260301	Complete		Kindergarten	--select-- ▼	<input type="checkbox"/>
CAT	AUSTIN	10/12/2005	4727813	Up to Date		5th Grade	--select-- ▼	<input type="checkbox"/>
CAT	BONNIE	09/12/2006	4999607	Complete		4th Grade	--select-- ▼	<input type="checkbox"/>
CAT	CARLY	11/12/2004	3989307	Up to Date		6th Grade	--select-- ▼	<input type="checkbox"/>
CAT	COREY	10/12/2004	3958790	Complete		6th Grade	--select-- ▼	<input type="checkbox"/>
CAT	DAVID	11/10/2006	4885626	Complete		4th Grade	--select-- ▼	<input type="checkbox"/>
CAT	HOB0	12/12/2006	6222571	Past Due		5th Grade	--select-- ▼	<input type="checkbox"/>
CAT	MARIE	12/12/2006	4930893	Complete		4th Grade	--select-- ▼	<input type="checkbox"/>
CAT	MAX	11/15/2007	5257303	Complete	Y	3rd Grade	--select-- ▼	<input type="checkbox"/>
CAT	MIMI	09/12/2005	4828369	Past Due		5th Grade	--select-- ▼	<input type="checkbox"/>
CAT	MOLLY	10/01/2010	5408455	Due Now		Kindergarten	--select-- ▼	<input type="checkbox"/>
CAT	MUFFIN	11/12/2005	4396196	Complete		5th Grade	--select-- ▼	<input type="checkbox"/>
CAT	PARIS	11/01/2009	5634817	Up to Date		1st Grade	--select-- ▼	<input type="checkbox"/>
CAT	PEACH	10/15/2007	5256709	Complete		3rd Grade	--select-- ▼	<input type="checkbox"/>
CAT	PETER	09/15/2007	5256379	Past Due		3rd Grade	--select-- ▼	<input type="checkbox"/>

School Module – Demographics and Exemptions

Main
Home
Logout
Cancel Edits
Document Center

Patient
Search/Add
Demographics
Remote Registry

Vaccinations
View/Add
Forecast
Summary

Settings

Schools
Edit Schools
Roster
Absenteeism

Reports
Scheduled Reports

Change Password

Answers

Patient Demographics Edit

Patient

First Name: TEST
Middle Name:
Last Name: STUDENT
Suffix: --none--
Birth Date: 04/02/2007
Birth File #:
Sex: FEMALE
Student ID:
Multiple Birth: --select-- of --select--
Inactive: Active
Cell Phone:

Address

Address 1: 1234 STREET SE
Address 2:
City: KENMORE
Country: United States
State: WA
Zip Code: 98028
County/Parish: --select--
Phone:
Email:

Family & Contact

First Name:
Middle Name:
Last Name:
Contact Type: --select--
Guardian? ☐
Address 1:
Address 2:
City:
Country: United States
State: --select--
Zip Code:
Phone:
Email:

GUARDIAN

First	Last	Type	Phone	Guardian?
				Y

+ Alias

- School

School: CANYON CREEK ELEMENTARY
School Entry Date: 09/04/2015

School Exemptions by Disease

Medical Exemptions:

Vaccine: --select--
Date Requested:
Temporary Until:
Permanent: ☐

Vaccine: **Date Requested:** **Temporary Until:** **Permanent:**

Personal Exemptions:

Vaccine: --select--
Date Requested:

Vaccine: **Date Requested:**

Religious Exemptions:

Vaccine: --select--
Date Requested:

- Demographic and exemption information inputted by schools is confidential and can only be seen by school staff.
- School cannot see details of contraindications inputted by healthcare providers, except chickenpox history.

School Reports

Main	School Nurse Reports
Home	School Immunization Report, First Time Enterer Schedule
Logout	First Time Enterers Action Report
Select School	Action Report Schedule
Document Center	Action Report Notice/Letter
Patient	Action Report Notice/Letter Message
Vaccinations	Certificate of Immunization Status (CIS) Schedule
Settings	Facilities Not Reporting
Schools	Summary of School Enterers Data Schedule
Reports	Patient Detail
School Reports	At Risk Report Schedule
Scheduled Reports	
Change Password	
Answers	
Contact Us	

Several reports are available in the School Module. To be accurate all reports that calculate compliance need to be run with the appropriate grade or age series selected.

Action Report

This report lists students in *Out of Compliance or Conditional Status*

Action Report	
Select School	
Search Criteria:	
State:	WASHINGTON
County:	--select--
School District:	NORTHSHORE SCHOOL DISTRICT
Type:	<input checked="" type="radio"/> All <input type="radio"/> Public Only <input type="radio"/> Private Only
Name:	VERY HEALTHY ELEMENTARY 129772
Series:	SY 2016-17 GRADE 6-12
<input type="button" value="Back"/> <input type="button" value="Search"/>	
Search Results	

School Nurse Action Report

School: VERY HEALTHY ELEMENTARY
 Grades: 6th Grade
 Series Name: SY 2016-17 GRADE 6-12

Report Date: August 18, 2016

Legend: DTap/Td : TDAP : OPV/IPV : MMR : HBV : VAR
 5 : 1 : 4 : 2 : 3 : 2

Student:		COREY CAT		Guardian:	
SII S ID:		3958790		Date of Birth: 10/12/2004	
Grade Level:		6th Grade		Home Phone:	
Physician Name:				Physician Phone:	
Exemption on File? :				Record Found: Y	
Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Status	Temp Exemption Exp Date
Tdap	1st	10/12/2015	10/12/2015	Conditional	
Student:		SUSIE CAT		Guardian:	
SII S ID:		4248670		Date of Birth: 12/12/2004	
Grade Level:		6th Grade		Home Phone:	
Physician Name:				Physician Phone:	
Exemption on File? :				Record Found: Y	
Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Status	Temp Exemption Exp Date
Tdap	1st	12/12/2015	12/12/2015	Conditional	
Grade Level		Total Patients		Total Vaccinations	
6th Grade		2		2	
Grand Totals		2		2	

HIPAA and FERPA Considerations

HIPPA

- Recognizes the need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission.
 - **Washington State Health Care Information Act**
 - Schools must have a school nurse or licensed healthcare provider to gain IIS access and must adhere to Confidentiality and Privacy Agreements.

FERPA

- Department of Health obtaining directory information from school districts
- Once an immunization record is provided to the school it is protected by FERPA
- Schools must get parent/guardian consent before entering data into the IIS (ex. missing immunization dates).

School Module

Challenges, Barriers, and Limitations

- Limited immunization data in the IIS
- Parent reported immunizations
- Technological limitations
- Access for private schools and child cares without a healthcare provider
- **Initial decrease in immunization compliance rates**

School Module Feedback

- Two methods of collecting feedback:
 - Focus Groups
 - Survey
- Collected feedback on:
 - System usability
 - Benefits and barriers
 - Training and resources
 - Support

Focus Group Results

Themes:

1. Concerns with immunization records in the School Module
2. Gaps within the rules and policies surrounding the School Module
3. School Module user support
4. School Module technology

Focus Group Results

1. Concerns with immunization records in the School Module

- Healthcare Provider Reporting
- Obtaining Immunization Records
- Impact on Compliance Numbers

Focus Group Results

2. Gaps within the rules and policies surrounding the School Module

- Healthcare Provider Mandate
- Exemptions
- Parent Reported Records
- HIPAA

Focus Group Results

3. School Module user support

- Satisfied with DOH and Help Desk support
- Training and Resources for School Module Users
- Communication and Outreach

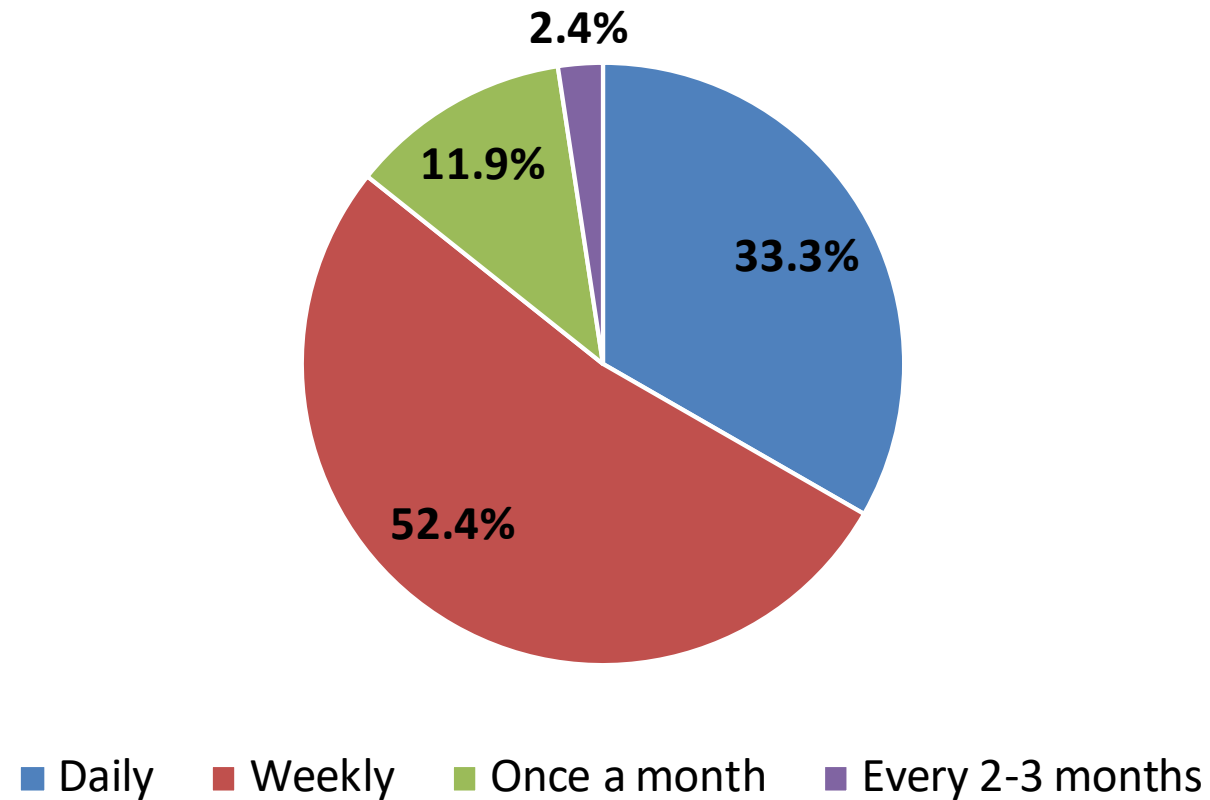
Focus Group Results

4. School Module technology

- Technology Enhancements
- System Functionality
- Technology Benefits

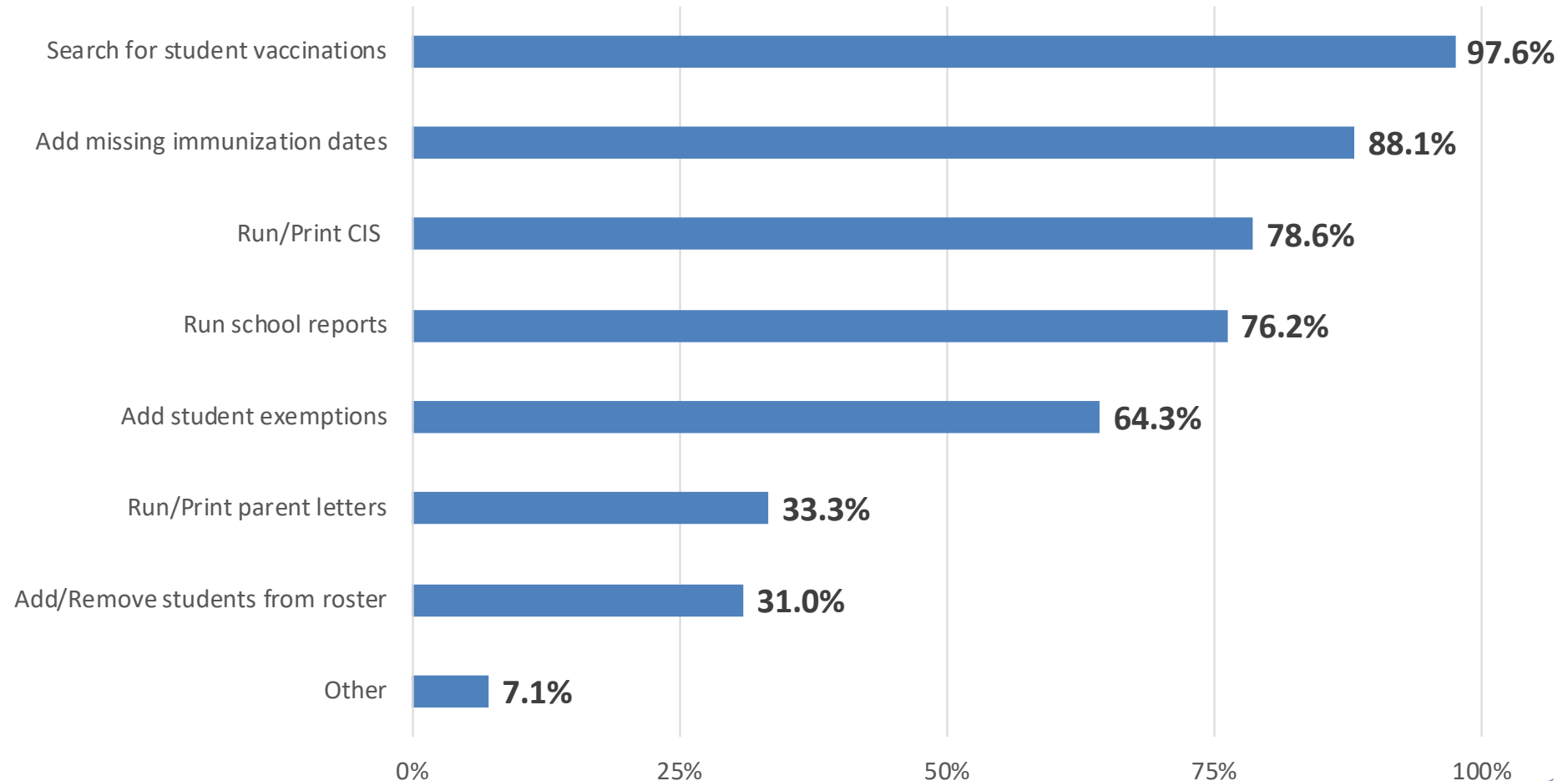
Survey Results

Frequency of School Module Use
(N=42)



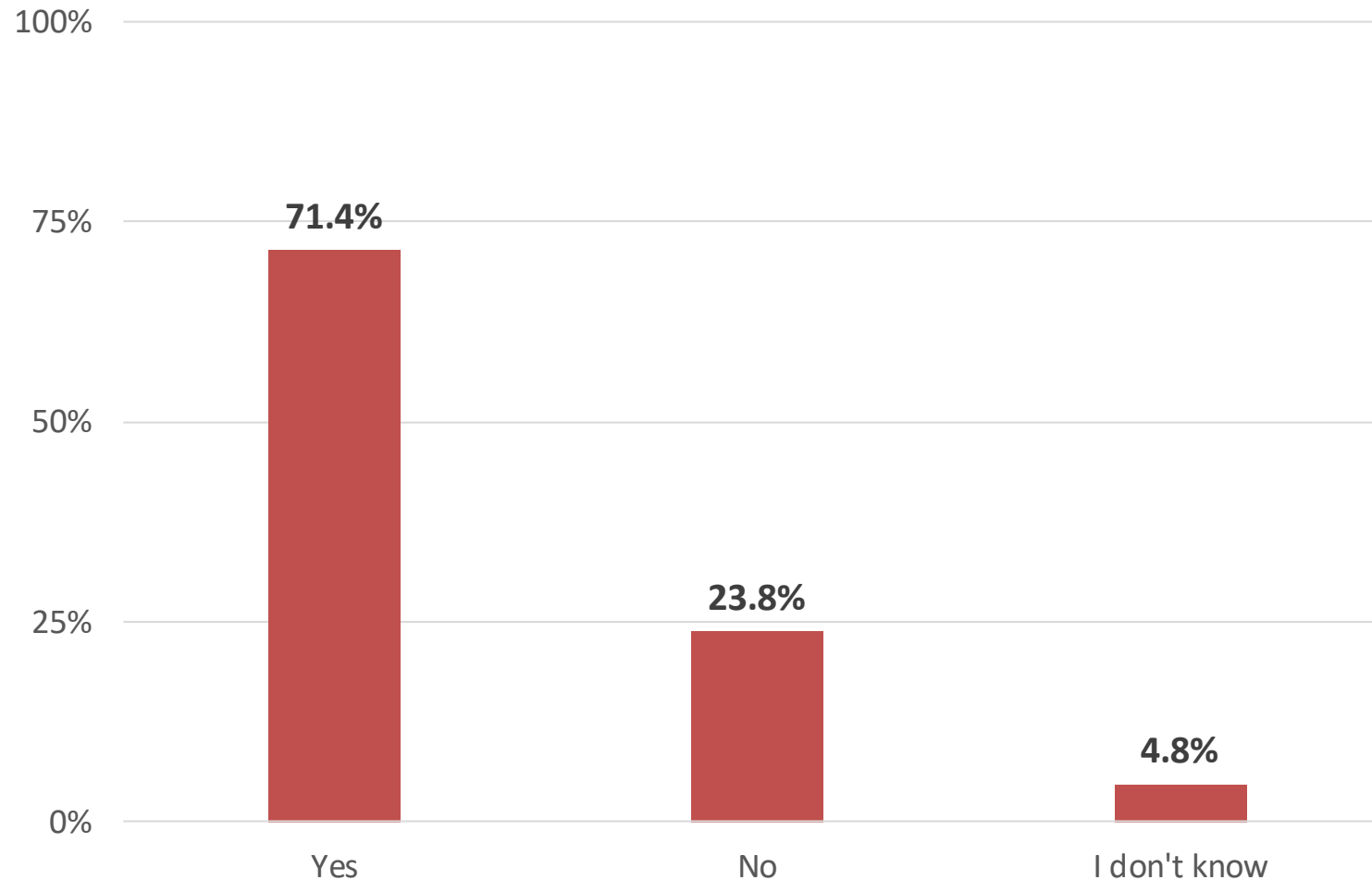
Survey Results

School Module Functionality Use (N=42)



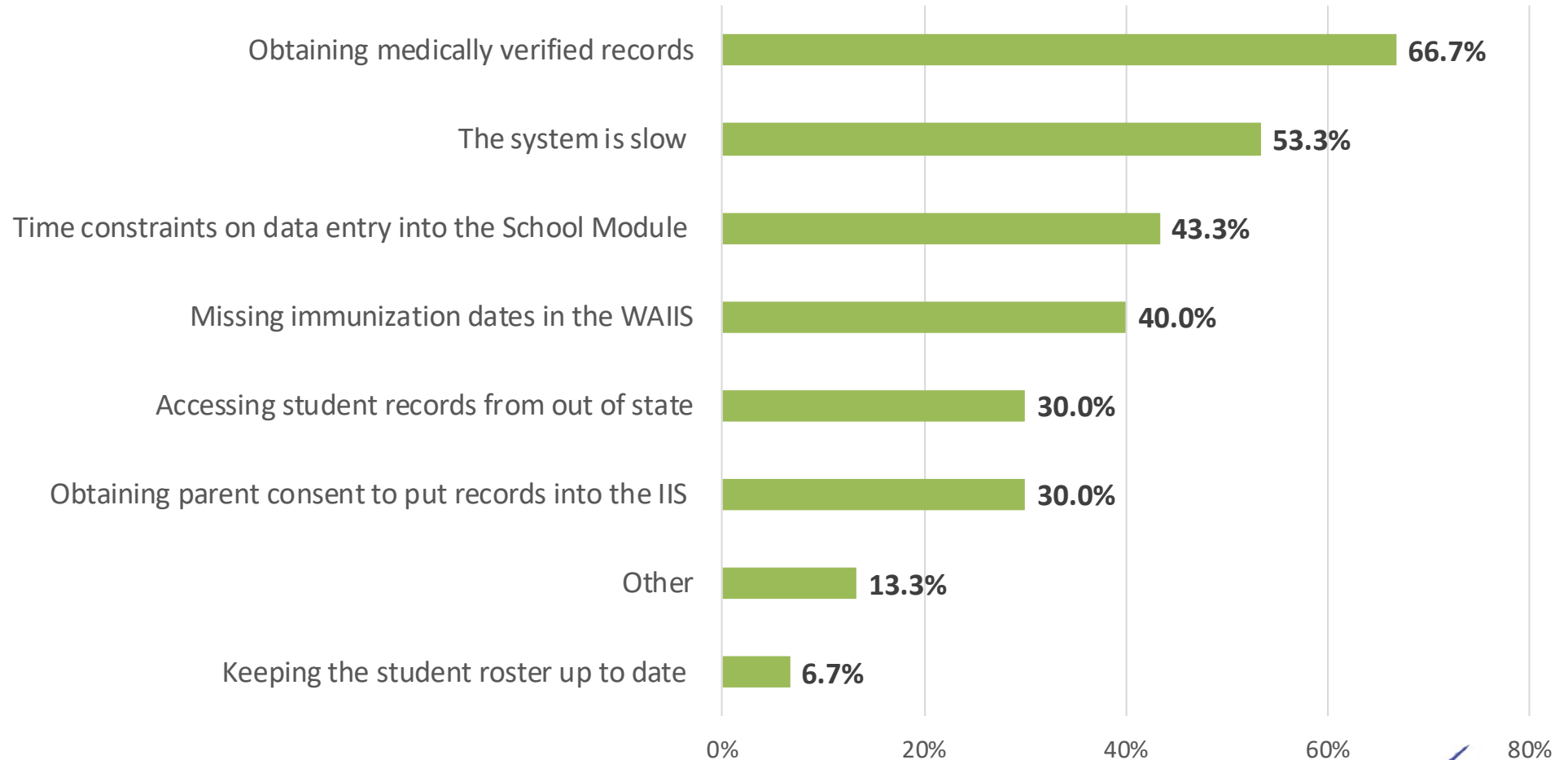
Survey Results

Have you experienced any barriers to using the School Module? (N=42)



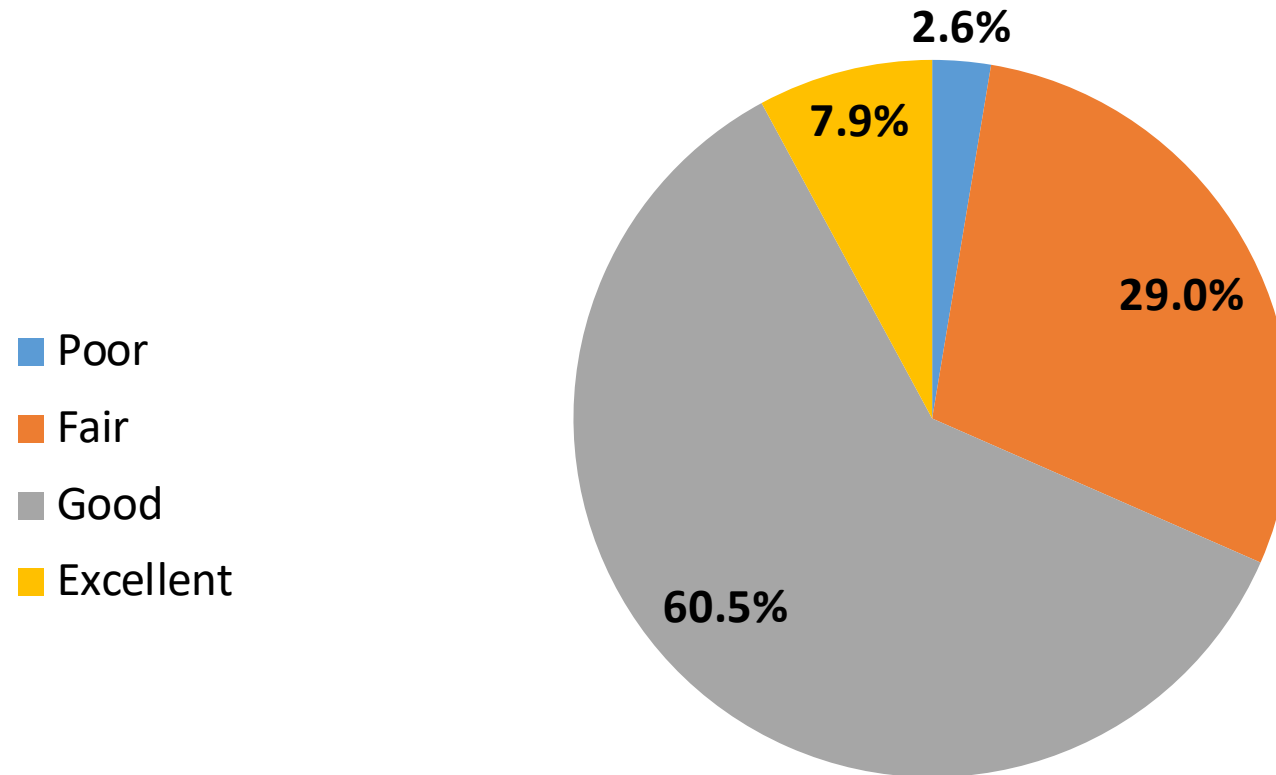
Survey Results

Barriers to Using the School Module (N=30)



Survey Results

Please rate your overall experience using the School Module. (N=38)



Moving forward....

Incorporating the feedback into the project:

- Sharing technology feedback with STC
- Working on rule changes with the School Team
- Increasing communication and outreach efforts to:
 - Local health jurisdictions
 - Healthcare providers
 - School Module users
 - School administrators

Immunization Validation Tool

- A Certificate of Immunization Status (CIS) is required for each child attending school or child care in Washington State
- Shows if a student is complete or not complete for school or child care entry.
- The IIS assesses each child's immunization record with:
 - School requirements by grade
 - Child care requirements by age



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade Entry

DOH 348-013 May 2018

Office Use Only:

Reviewed by:

Date:

Signed Cert. of Exemption on file?

☐ Yes ☐ No

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):	Sex:
CAT	DAVID	THE	11/10/2006	M
I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.			I certify that the information provided on this form is correct and verifiable.	
Parent/Guardian Signature Required _____			Parent/Guardian Signature Required _____	
Date _____			Date _____	

<p>Assessment of Immunizations</p> <p><input type="checkbox"/> A) Temporary Certificate – Expires _____</p> <p><input checked="" type="checkbox"/> B) Complete for SY 2016-17 GRADE K-5</p>	<p>PASS</p>	<p>Printed or stamped name, address, phone of qualified healthcare provider (MD, DO, PA, ARNP or Health Department):</p> <p>Validated by the WA State Immunization Information System 11/02/2016</p> <p>Certified by (Signature/Stamp or WAIS) Date of Issue</p>
--	--------------------	--

[illegible]

Immunization Validation Tool

Challenges, Barriers, and Limitations

- **Compliance programming challenges**
 - Conditional Status
 - Catch-up schedules
- **Information missing in the IIS**
 - Historical immunization dates
 - Titers and contraindications

Thank You!

Ashley McHugh, MPH & Katherine Graff, RN, BSN

Washington Department of Health

Office of Immunization and Child Profile

Email: SchoolModule@doh.wa.gov

Visit www.doh.wa.gov/schoolmodule for more information!

SIS & IIS INTERFACE PROJECT

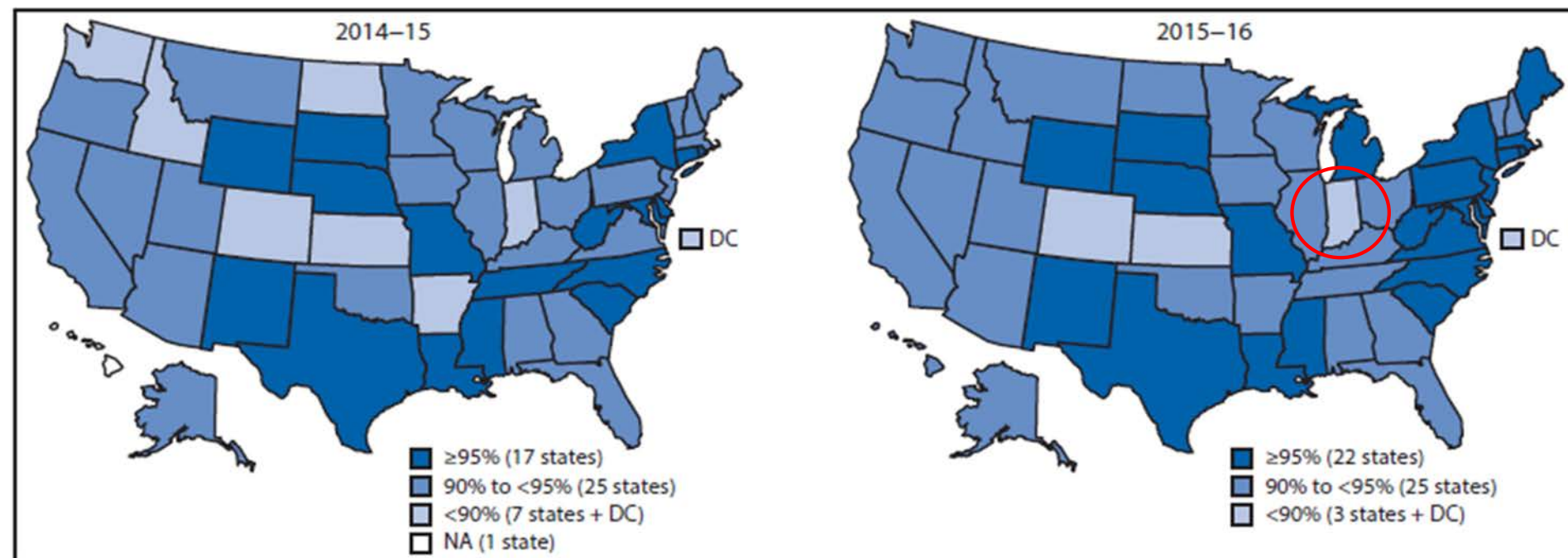
INDIANA STATE DEPARTMENT OF HEALTH

INDIANA CODE 20-34-4-6

Collection of immunization data

Sec. 6. (a) The state department of health shall collect immunization data on school age children using the state immunization data registry. Each school corporation shall ensure that all applicable immunization information is complete in the state immunization data registry not later than the first Friday in February each year. The state department of health shall use the data to create aggregate reports.

FIGURE. Estimated measles, mumps, and rubella vaccine (MMR) coverage among kindergartners — United States, 2014–15 and 2015–16 school years*,†,§

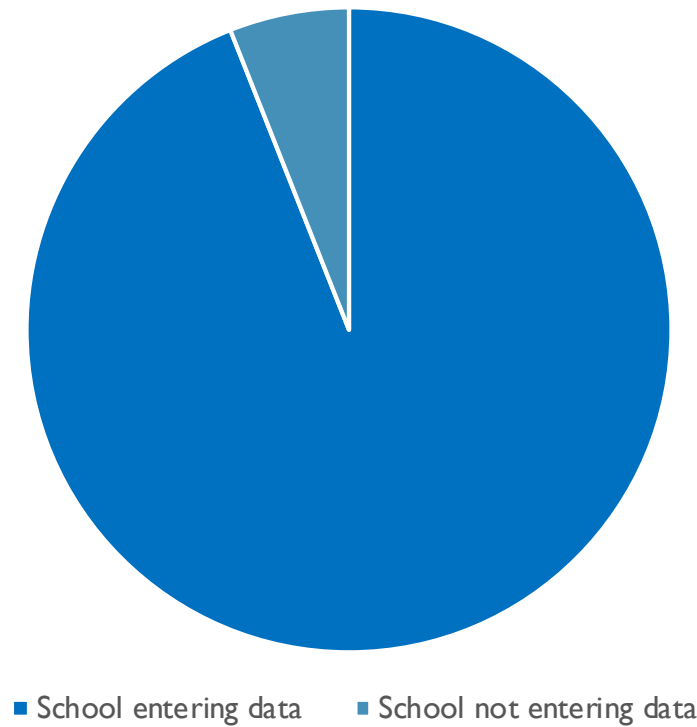


* In 2014–15, most states required 2 doses of MMR. Alaska, California, New Jersey, and Oregon required 2 doses of measles, 1 dose of mumps, and 1 dose of rubella vaccines. Georgia, New York, Pennsylvania, and Virginia required 2 doses of measles and mumps, 1 dose of rubella. Iowa required 2 doses of measles and 2 doses of rubella vaccines. New York required 2 doses of measles and mumps and 1 dose of rubella vaccine by age 7 years, but reported ≥ 1 doses of MMR.

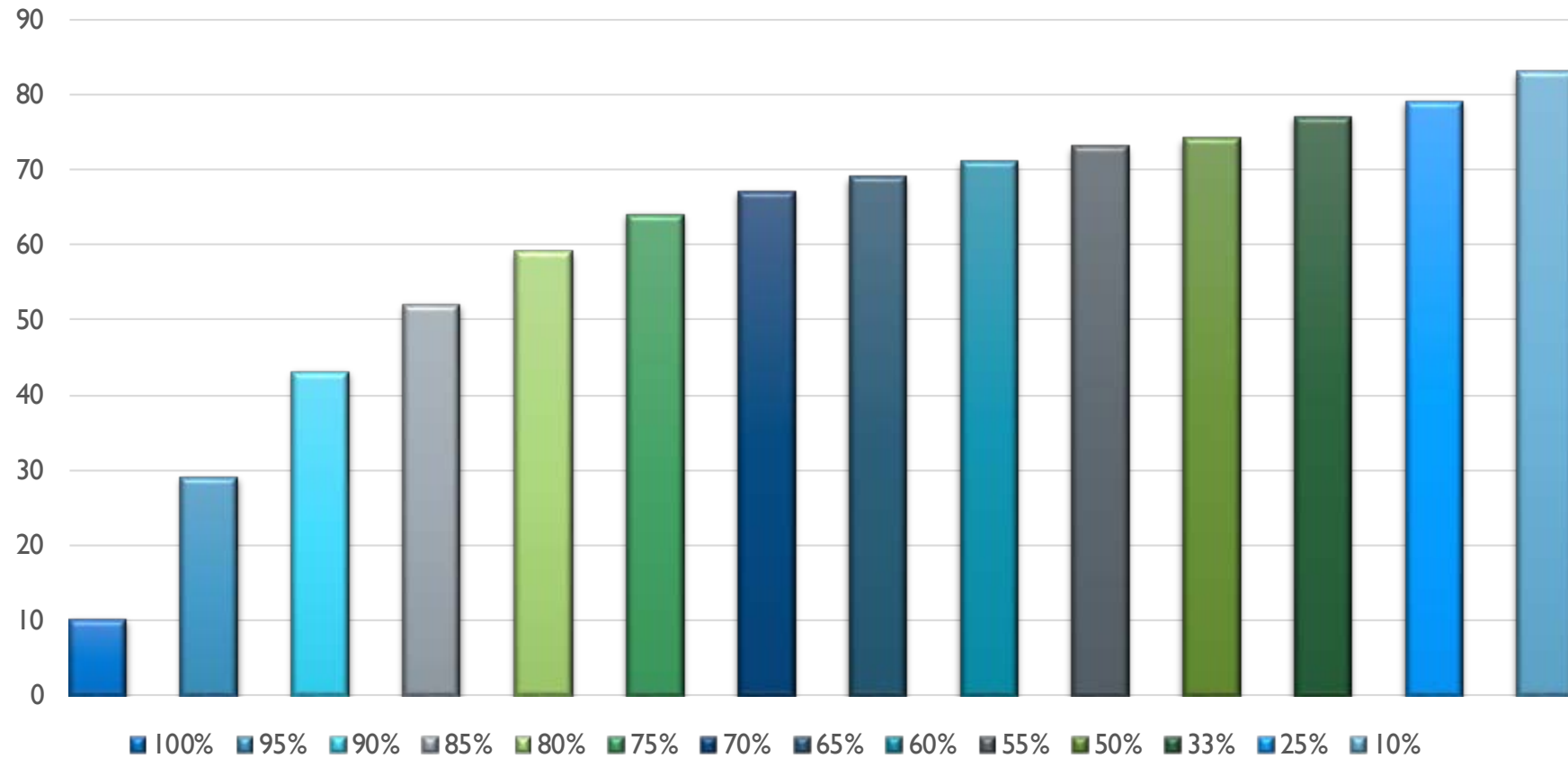
† For 2014–15, Hawaii is excluded from the map because it reported compliance, rather than coverage.

§ For 2015–16, most states required 2 doses of MMR. Alaska, California, New Jersey, and Oregon required 2 doses of measles, 1 dose of mumps, and 1 dose of rubella vaccines. Georgia, New York, New York City, North Carolina, Pennsylvania, and Virginia required 2 doses of measles and mumps, 1 dose of rubella vaccines. Iowa required 2 doses of measles and 2 doses of rubella vaccines.

SCHOOL IMMUNIZATION DATA IN CHIRP



PERCENTAGE OF STUDENTS IN CHIRP



SCHOOL IMMUNIZATION DATA PROJECT

What did we find?

- 65% of all kindergarteners are in CHIRP
- Of the results in CHIRP, only 51% are fully vaccinated per ACIP recommendations
- Less than 2% have medical exemptions or religious objections
- Hepatitis A and B are the two lowest vaccines
 - Minimal intervals
- Varicella and Polio are below 60%

ROOT CAUSE ANALYSIS

- Indiana Code required school nurses to enter information in immunization information system (IIS)
 - No quality assurance or enforcement
- School corporations required school nurses to enter information in the school information system (SIS)
 - Immunizations are required for school transcripts being generated through the SIS
- Duplicate data entry/competing priorities
- Multiple systems did not talk to each other

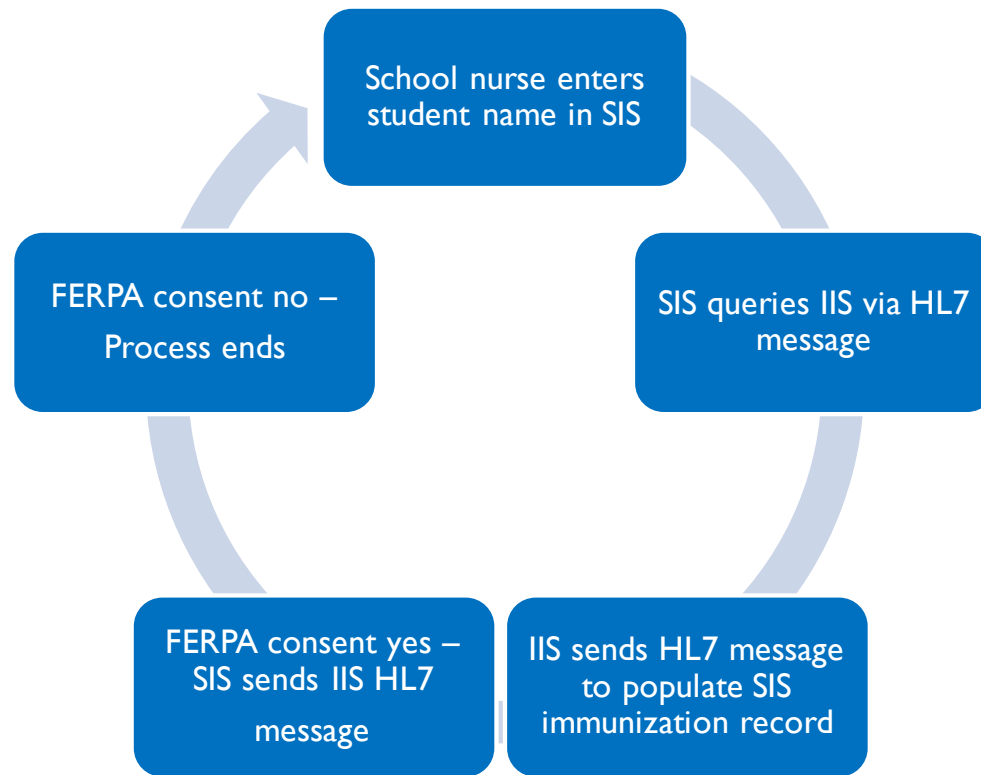
SIS INTERFACE WITH IIS PROJECT

- Challenge: Reduce de-duplicate of vaccination records into School Information Systems (SIS) and Indiana's Immunization Registry (known as CHIRP).
 - Help schools comply with state legislation
- Solution: Offer \$25,000 grants to several SIS vendors to create a bi-directional interface between SIS and CHIRP.
- Results: Three SIS (PowerSchool, Harmony-Logickey, Skyward) successfully completed the creation of a bi-directional feed.

SIS INTERFACE WITH IIS PROJECT

- Scope:
 - Electronic reporting of school immunization data to CHIRP via HL7
 - Includes sending patient grade level information and fields defined in the school data
 - Bi-directional messaging
 - Pulling student history back to CHIRP from SIS

IIS/SIS INTERFACE



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Question & Answer

- Type your question into the **chat** box on the WebEx toolbar and send to HOST
- **Press *6** unmute your line

THANK YOU

- Your feedback is important to us and we would appreciate a few minutes of your time to complete an evaluation for the webinar.
- An email with a link to the evaluation will be sent out following the webinar.