Implementing Immunization Requirements at California Colleges
This is How We Do It!

August 6, 2015
Submit Questions to Panelists

Your Participation

Join audio:
• Choose “Mic & Speakers” to use your computer’s speakers
• Choose “Telephone” and dial using the information provided

Questions/Comments:
• Submit questions and comments via the Questions panel.
Immunization Recommendations

Eileen Yamada, MD, MPH
Medical Officer
Figure 1. Recommended Immunization schedule for persons aged 0 through 18 years – United States, 2015.

(For those who fall behind or start late, see the catch-up schedule [Figure 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>9 mos</th>
<th>12 mos</th>
<th>15 mos</th>
<th>18 mos</th>
<th>19-23 mos</th>
<th>2-3 yrs</th>
<th>4-6 yrs</th>
<th>7-10 yrs</th>
<th>11-12 yrs</th>
<th>13-15 yrs</th>
<th>16-18 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B^ (HepB)</td>
<td>1st</td>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus^ (RV) R5 (2-dose series); RV5 (3-dose series)</td>
<td>1st</td>
<td>2nd</td>
<td>See footnote 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, tetanus, &amp; acellular pertussis^ (DTap &lt;7 yrs)</td>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, &amp; acellular pertussis^ (Tdap &gt;7 yrs)</td>
<td>1st</td>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenza type b^ (Hib)</td>
<td>1st</td>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal conjugate^ (PCV13)</td>
<td>1st</td>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal polysaccharide^ (PPSV23)</td>
<td>1st</td>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactivated poliovirus^ (IPV &lt;18 yrs)</td>
<td>1st</td>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza (IV; LAIV) 2 doses for some: See footnote 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella^ (MMR)</td>
<td></td>
<td>1st</td>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella^ (VAR)</td>
<td></td>
<td>1st</td>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A^ (HepA)</td>
<td>1st</td>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus^ (HPV2: females only; HPV4: males and females)</td>
<td>1st</td>
<td>2nd</td>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal^ (Hib-MenCY ≥6 weeks; MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)</td>
<td></td>
<td>1st</td>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: The above recommendations must be read along with the footnotes of this schedule.
### Recommended Adult Immunization Schedule—United States - 2015

Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

#### Figure 1. Recommended adult immunization schedule, by vaccine and age group

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>AGE GROUP</th>
<th>19-21 years</th>
<th>22-26 years</th>
<th>27-49 years</th>
<th>50-59 years</th>
<th>60-64 years</th>
<th>≥ 65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>1 dose</td>
<td>annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Td/Tdap)</td>
<td>Substitute</td>
<td>1-time dose of Tdap for Td booster; then boost with Td every 10 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Female</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Male</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>1 or 2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal 13-valent conjugate (PCV13)</td>
<td>1-time dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
<td>1 or 2 doses</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td>1 or more doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenza type b (Hib)</td>
<td>1 or 3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Covered by the Vaccine Injury Compensation Program

For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection, zoster vaccine recommended regardless of prior episode of zoster.

Information on how to file a Vaccine Injury Compensation Program claim is available at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the America College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG) and American College of Nurse-Midwives (ACNM).
ACIP Immunization Recommendations

- Annual influenza immunization
- Catch-up Immunizations for an 18 year old
  - Tdap booster
    - h/o primary series (DTaP/Tdap/Td) previously or may need additional doses of tetanus- and diphtheria- (pertussis-) containing vaccines (Td/Tdap)
  - 2 MMR
  - 2 varicella
  - Meningococcal conjugate vaccine (at 16 years or older)
  - 3 hepatitis B
  - 3 HPV
  - 2 hepatitis A (and 2-3 Men B)* may also be given

- High-risk recommendations (PCV13, PPSV23, Hib, meningococcal, etc.)

*Final CDC recommendations pending publication in the MMWR.
Primary/Secondary School Requirements in CA*

- Polio
- Measles, mumps, rubella (MMR)
- Varicella
- DTaP/Tdap
- Hepatitis B

Note: Immunization requirements in primary/secondary school may differ between states.

*For students <18 years old.
College and University Immunization Requirements

- Unlike primary and secondary school requirements, there are no comprehensive statewide immunization requirements.
- Most requirements are made at the university or system level.
  - Immunization requirements differ between colleges and universities.
  - Protocols for collection and verification of records and enforcement also differ.
Hepatitis B Vaccine Requirements

- California Health and Safety Code, Section 120390-120390.7
  - “the Trustees of the California State University, and the Regents of the University of California* shall require the first-time enrollees at those institutions who are 18 years of age or younger to provide proof of full immunization against the hepatitis B virus prior to enrollment”

*Applicable to UC by UC resolution only
Meningococcal Disease Informing:
CA Health and Safety Code, Sections 120395-120399

Each degree-granting public postsecondary educational institution* that provides on-campus housing in the state shall do all of the following:

a) Provide information on meningococcal disease to each incoming freshman who has been accepted for admission to the postsecondary educational institution and who will be residing in on-campus housing, including a response form with space:
   • To indicate that the incoming freshman has received the information about meningococcal disease and the availability of the vaccine.
   • To indicate if he or she has chosen to receive the vaccination, and
   • For his or her signature.

b) Require incoming freshman to return to the form to the institution with the above information.

Does not require the postsecondary educational institution to provide the vaccination to the students.

*Applicable to UC by UC resolution only.
Meningococcal Disease Informing:
CA Health and Safety Code, Sections 120395-120399

Each degree-granting private postsecondary educational institution that provides on-campus housing in the state shall adopt a policy to notify all incoming students about meningococcal disease and the availability of the vaccination.

- Directs them to consider providing and having the student return a similar form as public institutions.
CDPH Resources

Edgar Ednacot, PhD
Chief, Information & Education Section, IZB
Resources

- College Flyer
- ShotsForSchool.org
- State Immunization Branch – We’re here to help!
  - Info@ShotsForSchool.org
College Flyer

- For incoming students
- Immunization checklist
- FAQs on meningococcal disease
- Tool for verifying receipt of:
  - Information on meningococcal disease
  - Vaccine doses
ShotsForSchool.org

- Immunization Recommendations
- Benefits of Vaccinated Students
- Info on Requirements for Colleges with Student Housing
- Links to College Websites
California Immunization Registry (CAIR)

Steve Nickell, PhD
Chief, Registry & Assessment Section, IZB
What is CAIR?

- CAIR is California’s immunization information system (IIS).
- IISs are confidential, population-based, computerized information systems used to capture, store, track, and consolidate vaccination data from multiple sources.
- CA statute H&S 120440 authorizes health care providers, WIC agencies, foster care agencies, health plans, schools [including colleges] and daycares, to use CAIR data to:
  - Provide immunization services
  - Monitor required immunization for school attendance
  - Compile and disseminate statistical information of immunization status
CAIR Features

- Clinical Decision Support
  - ACIP recommendations – child, adult
- Reminder/ recall
- Various Reports
  - Vaccine inventory
  - Vaccines administered
- School Functionality
  - Compliance report - at CC, K, 7th checkpoints
  - ‘Yellow card’ – CA’s IZ record
  - ‘Blue card’ – CA IZ record for schools, daycares
Current CAIR System

- Consortium of 10 regional registries – no current data linkage
- 7 of 10 use same ‘CAIR’ software (87% of population)
# CAIR Sites/Users

<table>
<thead>
<tr>
<th>Account Type</th>
<th># of Sites</th>
<th># of Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical (UI)</td>
<td>3,805</td>
<td>24,885</td>
</tr>
<tr>
<td>Non-Clinical (UI)</td>
<td>4,036</td>
<td>15,761</td>
</tr>
<tr>
<td>Data Exchange</td>
<td>3,235</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>11,076</strong></td>
<td><strong>40,646</strong></td>
</tr>
</tbody>
</table>

* 7 CDPH CAIR regions only
## CAIR – Current Numbers*

<table>
<thead>
<tr>
<th>Measure</th>
<th>0-5 yrs</th>
<th>6-18 yrs</th>
<th>19+ yrs</th>
<th>All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA Population</td>
<td>2,992,123</td>
<td>6,589,563</td>
<td>29,671,633</td>
<td>39,253,319</td>
</tr>
<tr>
<td>Patients In</td>
<td>3,142,781</td>
<td>6,906,661</td>
<td>11,821,739</td>
<td>21,871,181</td>
</tr>
<tr>
<td>% of Pop. In</td>
<td>105.0%</td>
<td>104.8%</td>
<td>39.8%</td>
<td>55.7%</td>
</tr>
<tr>
<td>Patients w/ &gt;2 doses</td>
<td>2,075,948</td>
<td>5,126,495</td>
<td>5,401,536</td>
<td>12,603,979</td>
</tr>
<tr>
<td>% w/ &gt;2 doses</td>
<td>69.4%</td>
<td>77.8%</td>
<td>18.2%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Vaccine Doses</td>
<td>32,757,980</td>
<td>108,743,828</td>
<td>52,943,398</td>
<td>194,445,206</td>
</tr>
</tbody>
</table>

* As of June 30, 2015.
## CAIR – Current 18-25 yrs.

<table>
<thead>
<tr>
<th>Region</th>
<th>CA Pop (2015)</th>
<th>Patients</th>
<th>Vaccinations</th>
<th>#/Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>NorCal</td>
<td>115,301</td>
<td>59,188</td>
<td>800,912</td>
<td>13.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>51.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gr. Sac</td>
<td>295,080</td>
<td>94,760</td>
<td>959,517</td>
<td>10.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bay Area</td>
<td>849,577</td>
<td>462,834</td>
<td>6,617,383</td>
<td>14.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>54.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Valley</td>
<td>349,671</td>
<td>195,990</td>
<td>3,200,453</td>
<td>16.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>56.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Coast</td>
<td>207,031</td>
<td>91,684</td>
<td>1,402,745</td>
<td>15.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>44.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA-Orange</td>
<td>1,542,220</td>
<td>617,678</td>
<td>9,727,225</td>
<td>15.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inland Empire</td>
<td>576,588</td>
<td>322,835</td>
<td>3,094,659</td>
<td>9.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>56.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAIR 7 TOTALS</td>
<td>3,935,468</td>
<td>1,844,969</td>
<td>25,802,894</td>
<td>14.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>46.9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CAIR 2.0 Project (2017)

- Consolidate 7 CAIR registries into single statewide database – CAIR ‘hub’
- Deploy new IIS software
  - “WIR”, 17 other states (e.g., NY, TX)
  - Complaint with state IT standards
  - Real-time, bidirectional messaging (HL7)
- 3 ‘independent’ CAIR regions sync data to CAIR ‘hub’
Current CAIR vs CAIR 2.0

CAIR (current)

CAIR 2.0 (2017)
CAIR Resources

- www.cairweb.org
- Online Enrollment
- Data exchange info
- Training sign-up
- Training videos
- Other Resources

The California Immunization Registry (CAIR) is a secure, confidential, statewide computerized immunization information system for California residents.

- CAIR Account Management/New Enrollment is Now Online!
  - Learn more »
  - To register for electronic data submission, go to the CAIR IZ Portal
  - To enroll in CAIR to get web access, register at CAIR New Enrollment
  - To update your Account/ add Users, go to CAIR Account Update

- ‘Meaningful Use’ Update: New 2014 Stage 2 Flexibility: Some EPS, EHs, and CAHs Attempting to Meet MU Stage 2 in 2014 May Be Allowed to Meet MU Stage 1 Requirements Instead. Details here »

- Having problems using IE 10 or IE 11? Click on the appropriate link below to see instructions on how to change your browser compatibility mode.
  - If using IE 10, click here
  - If using IE 11, click here

- Learn how to use CAIR by viewing online demos or participating in live webinars with an instructor.

- Find your immunization record.
UC Immunization Plan

Gina Fleming, MD, MSPH—UCOP
Medical Director
UC Immunization Plan: Overview

1. Rationale and History
2. Overview of 3 year plan and progress to date
3. Barriers and Solutions
4. Next steps
Diseases targeted by the policy: CDPH Recommended for Colleges and Universities

1. Pertussis
2. Measles
3. Mumps
4. Varicella
5. Meningococcus
6. Hepatitis B
7. Tuberculosis
Background and History: UCLA Immunization Plan

• Spring 2013
  • UCLA submits plan to campus leadership proposing all students submit vaccination history
  • Goal: to identify unvaccinated in case of outbreaks
• Fall 2013
  • UCLA shares plan with other campuses and suggests other campuses also consider implementing
• Winter 2014
  • SHS Directors discuss UCLA proposal, and vote to expand UCLA’s proposal to include adoption of CDPH recommendations for immunization of college-age students
  • Decide to start with educational phase and gradually phase in requirement
Outbreaks on Campuses

• Berkeley
  • Measles case(s)
  • Mumps

• Davis
  • Mumps in international student
  • Measles international student
  • 4 cases of Active Tuberculosis in 2014-15
  • Meningitis Type B single case

• Most campuses
  • Active tuberculosis cases (including MDR TB)

• Santa Barbara
  • Meningitis (type B) outbreak November 2013
  • 4 cases in 2 weeks

• San Diego
  • Multiple active TB, including MDR-TB with 1000 exposed
Overview of three year plan

California Dept. of Public Health IMMUNIZATION & SCREENING RECOMMENDATIONS FOR COLLEGE STUDENTS
All students are strongly encouraged to obtain these vaccines prior to starting classes (currently voluntary except for health profession students, and Hepatitis B for students under the age of 19).

<table>
<thead>
<tr>
<th>Recommended Vaccination Doses</th>
<th>Recommended Vaccination Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles, Mumps and Rubella (MMR)</td>
<td>2 doses; first dose on or after 1st birthday</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>2 doses; first dose on or after 1st birthday</td>
</tr>
<tr>
<td>Tetanus, Diphtheria and Pertussis (Tdap)</td>
<td>1 dose in the last 10 years.</td>
</tr>
<tr>
<td>Meningococcal conjugate (preferred to polysaccharide vaccine)</td>
<td>One dose on or after age 16 for all undergraduates (and for graduate students new to residence hall settings)</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3 doses</td>
</tr>
<tr>
<td>Screening for Tuberculosis</td>
<td>All incoming students who are at higher risk for TB infection</td>
</tr>
</tbody>
</table>
Additional immunizations recommended—
not part of the Immunization Plan

- Influenza vaccine (annual)
- Human papillomavirus vaccine (women and men through age 26 years)
- Hepatitis A vaccine
- Pneumococcal vaccine (students with certain medical conditions e.g., severe asthma, diabetes, chronic liver or kidney disease)
- Poliovirus vaccine (for persons younger than 18 years if series not completed as a child)
- Vaccines for international travel, based on destination.
- Men B—if high risk, or if recommended after consultation with PCP
UC 3-YEAR PLAN

- FALL 2015: VACCINATIONS AND SCREENING ARE VOLUNTARY WITH THE FOLLOWING EXCEPTIONS:
  - Hepatitis B vaccine is mandatory for all students under the age of 19
  - Health profession students have additional requirements
- Fall 2016:
  - all incoming students will be required to receive the vaccinations and tuberculosis screening per CDPH recommendations
- Fall 2017:
  - Registration holds will be placed on students who have not met the requirement
Progress to date

- Registrars, VCSA’s, Admissions at all campuses are aware of requirements
- All new incoming students are being notified
- EMR has immunization module for students to input data (or is in process of updating it)
Past Barriers to Immunization

- Vaccination costs
- Inadequate record keeping
- International variation in immunization practices
- Resource intense process to collect and validate immunization history
What’s Different Now? Cost

1. ACA Immunization Coverage:
   • routine immunizations no cost-sharing

2. UC SHIP Immunization benefit:
   • ACA compliant benefit

3. More compelling reason to vaccinate given increase in outbreaks (sometimes very public)
What’s different now?

Data management

1. Students and University more accustomed to doing business online

2. All UC Student Health centers have an electronic medical record system with a secure data submission portal for immunizations and TB screening data
What’s Different Now?
Collecting and Validating data

• Collection:
  • At a minimum, must collect vaccine and titer dates with some level of validation.

• Communication:
  • Manage a communication process with students who have many questions!
  • Staff to answer incoming questions – Student Health, Registrar, Programs?

• Monitoring:
  • Create and manage a process to set registration holds
Implementation Challenges

- Students feeling a punitive relationship with SHCS if on hold
- Can’t find records – “lost or lazy”
- Pre-entry requirement versus implementing holds for subsequent quarters/semesters
- Clear communication to students
  - How to submit information
  - Students don’t understand requirements well, especially when titer in mix
- Follow up for chronic Hep B and latent TB – more staff time and resources needed
Immunization Record Validation

- Need to decide how to validate student-entered vaccination history
  - All vs random sample of records?
  - Campus-based decision or system-wide
- Impacts staffing and resources
- 250K students in UC—would require many FTE to manage and verify all records
Immunization Exemption Decisions

- CA legislation SB 277 removes “religious” and “personal belief” exemptions in K-12
  - Will UC be consistent?
- Need a process for exemption waiver requests
- Convening “Exemption Work Group” this summer
  - To include representatives from SHS, students, faculty, International Studies, Registrars, Legal, Risk, VCSA, Medical Ethics, CDPH, Legislative Affairs
Different campus populations

• Who are affected by the policy?
  • Grad students, international students, residential extension students, study abroad students?
• How to communicate policy and monitor compliance in special populations?
Next steps

• Exemptions policy (Fall 2015)
• Communication plan (on-going modifications needed)
• Verification Decisions/Plan (Spring/Summer 2016)
Immunization Compliance
The University of Pennsylvania

Dennis Shinners
Immunization and Insurance Compliance Officer
Subject to the University’s Immunization Requirements

- 19,000 full-time students
- 10,000 undergraduates
- 9,000 Graduate/professional
- 2,000 Medical Professional
Current Requirements

- MMR - 2 doses
- Varicella - 2 doses
- Hepatitis B – 3 doses
- Tetanus-Diphtheria-Pertussis (Tdap) - 1 Dose (Td every 10 years)
- Meningococcal - 1 Dose (After age 16)
  - Serogroups A, C, Y, and W-135
  - Living on campus, age 21 or younger
- Tuberculosis
  - Screening High-Risk Groups, Health Professional Students
Incoming Students

- Postal Letters
  - Between April and June

- Blast Emails
  - Beginning in September
  - Only basic reminders (HIPAA)

- Secure Messages
  - After receiving records
  - After processing records
  - Immunization status
  - Individual issues
Records Collection Process

• Students manually enter immunization information via Student Health Portal
  • This data immediately populates the immunization compliance module in Point and Click (PNC) in an “unverified” state

• Students send actual records via document upload system
  • This is a separate system and the documents must be manually moved into the Point and Click EHR
Student Health Portal

- Students complete Several forms online:
  - Immunization vaccine information
  - TB screen Questionnaire
  - Personal health history
  - HIPAA Consents

- Also:
  - View immunization information they have submitted
  - View their compliance status
  - Communicate via secure message system
  - Make immunization appointments
• Verification Process
  • Compare information submitted by students against uploaded records
  • Matches are promoted into the Point and Click compliance module by changing their state to “verified”
  • Move uploaded documents into medical record
  • Contact student via secure message regarding status
Student Registration Holds

- Placed in October prior to advance online registration
- Effects spring term registration
- Can be temporarily lifted:
  - By making immunization appointments
  - Getting blood titer test
  - Granted a temporary deferment
- Hold will return if student:
  - No-shows for immunization appointments
  - Fails make future immunization appointments
  - Misses the deferment deadline
The immunization compliance module calculates who is noncompliant in the PNC database. We run queries on this information to identify non-compliant students. Use this information to communicate with the students and establish registration holds. It is part of the student’s EHR.
Staffing

- Employ 6-8 nursing students from another University
  - Verification and promotion
  - Document management

- Plus 2 person permanent staff
  - Training
  - Quality control
Issues and Challenges

- Labor intensive
- Recruiting
- Turnover
University of San Diego

Kim Woodruff, MD
Supervising Physician
University of San Diego

- A Private Catholic University
- Undergraduates: 5,741
- Graduate/paralegal/Law: 2,608

Total enrollment: 8,349
Current Immunization Requirements

- We have had immunization requirements in place since at least 2004
- Requirements include:
  - MMR (2 vaccines or positive titers)
  - Pertussis (Tdap booster after age 11)
  - Varicella (year of disease, 2 vaccines, or positive titers)
  - Meningococcal Vaccine (dose after age 16 or sign waiver)
  - Tuberculosis Screening (5 questions to assess risk of exposure. Testing required if deemed high risk)
- Recommendations
  - Hepatitis A, Hepatitis B, and HPV vaccines
Communication with Students

- New students get information about matriculation requirements on new student portal (online location for all admissions information).
- Mass emails are sent to students who have not submitted the form on at least 3 different occasions prior to start of classes.
- Students first do the TB questionnaire (5 questions) online, and then a customized form is sent to their email account.
Communication with Students

- The form needs to be signed off by a medical provider.
- The completed form is uploaded electronically to FormAssembly which the SHC staff can then access and process.
- Students are informed if their form is complete or if any requirements are not met through the secure messaging system in or Electronic Medical Records (PnC).
Enforcement

- The tuberculosis requirement is done through the Residential Halls. Students are told they are not able to access their rooms until this is completed.

- We communicate to Residential Life the students that are non-compliant and need their room keys deactivated.
Enforcement

- Immunization requirements are enforced with a registration hold. This goes on before their first semester. Often times an advisor will place them in their classes for the first semester so it may not affect them until the following semester.

- Registration holds are removed by our office as completed forms are received.
Enforcement

- Need cooperation from other departments on campus.
  - Problems arise when other people on campus remove holds or you are not supported by the academic side
Questions?

For live questions:
1. Select telephone option
2. Enter Access Code & PIN provided
3. Raise your hand

For text questions:
1. Submit questions via the Questions panel.
Thank you

For additional questions, please email us at info@shotsforschool.org.