Immunization Records

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Indiana Department of Education
Main Issues

1. Schools are responsible for monitoring the immunization status of their students and entering student immunization records into the SIS (Student Information System)

2. ISDH (Indiana State Department of Health) needs school immunization information to send to CDC

3. Immunizations administered need to be entered into CHIRP (Children and Hoosier Immunization Registry Program)
Schools are Responsible for Monitoring the Immunization Status of their Students and Entering Student Immunization Records into the SIS

Issue One
Background Information – School Role Regarding Immunizations

- Immunization Process Completed by the School Nurse:
  - School receives an immunization record
  - School nurse checks the record for completeness (multiple records from various providers, handwritten, in a foreign language)
  - School nurse contacts parent regarding missing or incomplete information and recommends referral to health care provider (LHD, primary care provider, pharmacist)
  - School nurse enters record into SIS
  - School nurse runs a report
  - School nurse contacts parent a second time
Background Information – How are Schools Doing Monitoring the Immunization Status of Students?

Data from the IDOE School Health Report for the 2015 School Year:

• 95.6% students are completely vaccinated
• 2.7% are in the process of completing the required vaccines
• 1.2% have a religious objections
• 0.3% have a medical exemption
• All records are entered into the SIS
ISDH Needs School Immunization Information to Send to CDC

Issue Two
Schools have historically kept an immunization record for students and submitted a paper report to ISDH regarding the number of students in grades K, 1, and 6 with complete and incomplete immunizations as well as the number of students with religious objections and medical exemptions (see page 8 of handout).

This report compiled the information required by CDC and was not time-consuming or burdensome for schools to complete.
<table>
<thead>
<tr>
<th>Immunization Status</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>dtPA or TdPA (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hepatitis B (5)</td>
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<td></td>
<td></td>
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<tr>
<td>varicella (10)</td>
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<td></td>
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<tr>
<td>mumps, measles, rubella (8)</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>polio (4)</td>
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<td></td>
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<tr>
<td>diphtheria, tetanus, and whooping cough (2)</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Return this form to: Indiana State Department of Health Immunization Program, 4th Floor North 302 North Senate Avenue Indianapolis, IN 46204-3023
In 2009, ISDH no longer accepted the paper report and instead requested that schools enter the immunization record for each student into CHIRP (Children and Hoosier Immunization Registry Program) so that ISDH could pull their School Immunization Report from CHIRP
Immunizations Administered Need to be Entered Into CHIRP

Issue Three
Background Information

- Schools cannot enter immunization records for students into CHIRP without parent written permission per FERPA Rules (see page 10 of handout)

- CHIRP issues include: it “times out”, does not roll up to the next school, school data is deleted if a provider enters the same vaccine, and translating immunization records into CHIRP requires technical expertise and training
U.S. DOE Presentation Regarding Immunization Records and FERPA (January 2015)

- At the elementary or secondary school level, students' immunization and other health records that are maintained by a school district or individual school, including a school-operated health clinic, that receives funds under any program administered by the U.S. Department of Education are "education records" subject to FERPA, including health and medical records maintained by a school nurse who is employed by or under contract with a school or school district.

- School Nurse Records --
  - Vaccination records that are directly related to a student and maintained by a school nurse who is employed by, or under contract to, the school are considered "education records."
  - Vaccination information from education records may not be shared with outside parties without parental consent, unless an exception applies.

- Signed and dated consent is generally needed for a school to share vaccination records to public health authorities (e.g., for entry into an Immunization registry) or to the child's health care provider (e.g., for inclusion in the child's health care record).

- Schools, in collaboration with their health departments and local health providers, must carefully consider how to obtain consent from parents for potential information sharing.

- Obtaining consent to share vaccination information on certain populations can be challenging, such as
  - Children in foster care
  - Children not in the physical custody of a parent or guardian

If public health department officials provide vaccines at the school site to students, are any records generated by the vaccine campaign subject to FERPA or to the HIPAA Privacy Rule?

- If health officials, such as individuals from the local health department, come on campus and oversee the vaccine administration, any records that the health officials create and maintain would not be subject to FERPA. However, any records or recorded information (or copies of records) provided by health officials to school officials that are designed to relate to a student and are maintained by the school would be "education records" subject to FERPA.

If a student is vaccinated by a personal physician and brings the vaccination record to the school, does that become part of the student's education records and, if so, can that record be shared with the health department to allow the student to be counted as "vaccinated"

- If the parent (or the physician) provides the information to the school, and it is maintained by the school, it is an "education record" under FERPA. As such, it can only be shared with the health department either with consent or under one of the exceptions to the general consent requirement in FERPA, such as under the health or safety emergency exception.
Additional Notes

• As of July 1, 2015, per Indiana Code, any provider who administers a vaccine is required to enter the vaccine into CHIRP

• Attempts have been made to share data between CHIRP and school SIS’s, but this was discontinued by ISDH as of December 2015 due to errors and incompatibility
School nurses are being asked to enter immunization information twice

- Into the SIS per IC 20-33-2-12 (see page 3 of handout)
- Into CHIRP per IC 20-34-4-6 (see page 7 of handout)

Requires approximately 10 minutes per student to enter the data into each data base

- 700 students, 10 minutes each = 116 hours or 15 full school days for SIS
- 700 students, 10 minutes each = 116 hours or 15 full school days for CHIRP
IC 20-33-2-12
Nonpublic, nonaccredited, and nonapproved schools; curriculum or content requirements; student enrollment or participation
Sec. 12. (a) A school that is
(1) nonpublic;
(2) nonaccredited; and
(3) not otherwise approved by the state board;
is not bound by any requirements set forth in IC 20 or IC 21 with regard to curriculum or the content of educational programs offered by the school.
(b) This section may not be construed to prohibit a student who attends a school described in subsection (a) from enrolling in a particular educational program or participating in a particular educational initiative offered by an accredited public, nonpublic, or state board-approved nonpublic school if:
(1) the governing body or superintendent, in the case of the accredited public school; or
(2) the administrative authority, in the case of the accredited or state board-approved nonpublic school;
approves for enrollment or participation by the student.
As added by P.L.1-F-2005, SEC.17.

IC 20-33-2-13
High school transcripts; required contents
Sec. 13. (a) A school corporation shall record or include the following information in the official high school transcript for a student in high school:
(1) Attendance records.
(2) The student’s latest ISTEP program test results under IC 20-32-5.
(3) Any secondary level and postsecondary level certificates of achievement earned by the student.
(4) Immunization information from the immunization record the student’s school keeps under IC 20-34-4-1.
(5) Any dual credit courses taken that are included in the core transfer library under IC 21-43-5-4.
(b) A school corporation may include information on a student’s high school transcript that is in addition to the requirements of subsection (a).

IC 20-33-2-14
Compulsory attendance; school corporation policy; exceptions; service as page or honor of general assembly
Sec. 14. (a) This section and sections 13 through 17.5 of this chapter apply to a student who attends either a public school or a nonpublic school.
(b) The governing body of each school corporation shall have a
(c) Neither a religious objection under IC 20-34-3-2 nor an exception for the student's health under IC 20-34-3-3 relieves a parent from the reporting requirements under this section.

(f) The state department of health shall adopt rules under IC 4-22-2 to implement this section.


IC 20-34-4-5.5
Repealed

IC 20-34-4-6
Collection of immunization data; onsite review or examination
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.

(b) The state department of health and the local health department shall, for good cause shown that there exists a substantial threat to the health and safety of a student or the school community, be able to validate immunization records by onsite reviews or examinations of nonidentifying immunization record data. This section does not independently authorize the state department of health, a local department of health, or an agent of the state department of health or local department of health to have access to identifying medical or academic record data of individual students attending nonaccredited nonpublic schools.

(c) The state department of health has exclusive power to adopt rules for the administration of this section.


IC 20-34-4-7
Repealed
Dilemma

• Not a public health issue or an issue of students being allowed to attend school without being properly vaccinated as over 97% of our students meet the immunization requirements (completely vaccinated or have an exemption on file)

• The dilemma occurs because we have two laws that require the same data be maintained in two separate systems and there appears to be no way for the two systems to share information
Possible Solutions to this Dilemma

Three Options
OPTION ONE

Schools Enter Immunization Data into SIS System Only
Proposed Plan – Option 1

• IDOE could add any additional information required by CDC to the School Health Report (see page 9 of handout)
  • Report already exists and collects most of the data needed by ISDH
  • Schools are used to completing this Report
  • Report takes 15 minutes at most to complete
• IDOE would share this information with ISDH
<table>
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<tr>
<th># Total Students</th>
<th># Failure Group</th>
<th># Students Tested</th>
<th># Passed</th>
<th># Failed</th>
<th># Borderline Failure</th>
<th># Hearing Tested</th>
<th># Passed Hearing</th>
<th># Failed Hearing</th>
<th># Completed Immunizations</th>
<th># In-Process Immunizations</th>
<th># Religious Objection</th>
<th># Medical Exemption</th>
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<td>60644</td>
<td>80169</td>
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<td>5037</td>
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<td># Medical Exemption</td>
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<td>200</td>
<td>382</td>
<td>341</td>
<td>387</td>
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</table>

Total Schools Submitted: 1649
Total Kindergarten Students tested for MCT: 21133
Total 1st Grade Students tested for MCT: 46501
Total Kindergarten Waiver granted for MCT: 36
Total 1st Grade Waiver granted for MCT: 130
### SUMMARY REPORT ON THE IMMUNIZATION STATUS OF FIRST GRADE STUDENTS ENROLLED IN SCHOOL

**SCHOOL YEAR: 2005-2006**

**School: [Name of School]**
**Address: [Address of School]**
**City, County, School #: [City, County, School #]**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Total</th>
<th>2 Doses</th>
<th>2 Doses MMR</th>
<th>1 Dose MMR</th>
<th>1 Dose DPT</th>
<th>1 Dose Hib</th>
<th>1 Dose Varicella</th>
<th>1 Dose Meningitis</th>
<th>1 Dose HBV</th>
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</thead>
<tbody>
<tr>
<td>F.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

- **Not Complete:** Enter "N" if student is not complete.
- **Dose Completion:** Enter "D" if complete.
- **Total:** Enter total number of students in school.

**Number of Students from Box "A" above having completed immunizations:** [ ]

**Number of students from Box "A" above having a medical contraindication on file:** [ ]

**Number of students from Box "A" above who have a religious objection on file:** [ ]

**Number of students from Box "A" above NOT complete and having no exemption on file:** [ ]

---

**Return this form to:**

**Indiana State Department of Health**
**Immunization Program, 6th Floor**
**State Office Building**
**Indianapolis, IN 46204-0302**

**Prepared by:**

**Superintendent:**

**Date:**

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Proposed Plan – Option 1

- Providers would enter vaccines given into CHIRP
  - Complete medical record of all immunizations given
  - All ages – infants, toddlers, children (in public schools and others), adults
- School nurses would enter immunization records into SIS
  - Required as part of the high school transcript
  - Complete immunization database per school roster for outbreaks or to run reports
How Does This Address the Main Issues?

1. Schools are responsible for monitoring the immunization status of their students and entering student immunization records into the SIS – no change

2. ISDH (Indiana State Department of Health) needs school immunization information to send to CDC – information obtained from IDOE School Health Report instead of via school nurses entering each immunization record into CHIRP

3. Immunizations administered need to be entered into CHIRP (Children and Hoosier Immunization Registry Program) – immunizations are entered by providers as they are given
Proposed Plan – Option 1

What Would this Option Require?

• Legislative changes to the Immunization Law requiring DOE to collect data via the School Health Report

• Changes to the School Health Report by IDOE IT Team

Outcome - Instead of entering immunizations into CHIRP, schools would report immunization data via the School Health Report – more accurate data for ISDH as it is not impacted by FERPA, it would save schools time and money, and the three main issues would be addressed
OPTION TWO

Schools maintain SIS and all partners assist entering into CHIRP over a 5 year period
Proposed Plan – Option 2

• IDOE and ISDH could work together to develop guidance materials that were reasonable for schools to accomplish (see page 11 of handout)

• Health Department (local and state) would assist schools as requested
  • Schools would enter immunization if school nurse ratio 1:750
  • Local health department would assist with entry if school nurse ratio 1:1,500
  • ISDH would assist with data entry if school nurse ratio greater than 1:1,500
Immunization Guidelines for School Nurses

The guidelines below are provided as a reasonable time frame for schools to use to ensure each school is meeting the same baseline expectations and are intended to be the minimum expectations for schools to meet the requirements of IC 20-34-4. If schools reach the goals listed below ahead of the proposed time line, and/or are able to enter more grade levels than are listed below into the CHIRP database, schools are encouraged to do so.

AUGUST – OCTOBER
- Verify the immunization status of all enrolled students by reviewing the records in the CHIRP data base and records provided by parents – concentrating on the following groups:
  - Students in grades K and 6
  - Students newly enrolled in any grade
  - All other students, in all other grades
- Make a list (spreadsheet) of those students in each of the following categories:
  - Incomplete (IC)
  - Religious Objection (RO)
  - Medical Exemption (ME)
- Contact the parents of those students that are incomplete to obtain updated records or a written appointment schedule from a health care provider stating the dates the child will receive the missing vaccinations
- Contact the parents of those students who have a religious objection or a medical exemption to ensure these waivers have been updated and signed on an annual basis

OCTOBER – NOVEMBER
- Enter all student immunizations into the school data base
- Run a report showing all those students who are not complete
- Update your lists of those that are IC or have an expired RO or ME

DECEMBER
- Send a second notice to parents of students that are IC or have not filed an annual RO or ME
- Log into CHIRP and select those students, that you have parental permission for, to add these students to your school so that they can be included in your CHIRP school report

JANUARY
- Run a CHIRP report for all students in grades K and 6
- Compare your school list of ICs to those listed in CHIRP and IC
- Enter into CHIRP any immunizations, with parent written permission, that the school has that are missing in CHIRP (a sample permission form can be found by clicking here)
- Enter any immunization found in CHIRP that is missing from the school data base
- Ensure you have entered each student, concentrating first on students in grades K and 6, that the school has written permission from parents for into the CHIRP data base by February 1

APRIL
- Send a note home to parents stating that their students (who are still not in compliance) will not be allowed to attend the first day of school next year or will be excluded after 20 school days without proper proof of immunizations – whichever is the school policy

MAY
- Complete the School Health Report by June 15 (Instructions for completing the report can be found here)
How Does This Address the Main Issues?

1. Schools are responsible for monitoring the immunization status of their students and entering student immunization records into the SIS – no change

2. ISDH (Indiana State Department of Health) needs school immunization information to send to CDC – all partners (providers, ISDH and schools) would work together to complete immunization entry into CHIRP for grades K, 1, and 6 so that ISDH could pull the needed data for their CDC Report

3. Immunizations administered need to be entered into CHIRP (Children and Hoosier Immunization Registry Program) – immunizations are entered by providers as they are given
Proposed Plan – Option 2

What Would this Option Require?

• Compromise and agreement between ISDH and IDOE regarding the procedures and legal interpretation of the current Immunization Law

• Assistance for schools from the LHD and ISDH

Outcome – Strengthened partnerships between schools, HD and providers as all are concentrating each year on completing CHIRP entry for students in grades K, 1, and 6; all partners share the cost of accomplishing this goal
OPTION THREE

Schools enter immunization records into CHIRP only
Proposed Plan – Option 3

• Schools do not enter immunization records into SIS and instead enter records only into CHIRP
How Does This Address the Main Issues?

1. Schools are responsible for monitoring the immunization status of their students and entering student immunization records into the SIS – schools would no longer enter immunizations into the SIS, but would need to track FERPA consent, tag each student in CHIRP to their school, and keep a separate log of all students without a FERPA consent.

2. ISDH (Indiana State Department of Health) needs school immunization information to send to CDC – ISDH would pull their CDC data from CHIRP.

3. Immunizations administered need to be entered into CHIRP (Children and Hoosier Immunization Registry Program) – immunizations would be entered by school nurses and by providers.
Proposed Plan – Option 3

What Would this Option Require?

- Legislative change to the high school transcript law to remove immunizations as a requirement

Outcome – Schools would not be able to easily run a report for compliance, schools would need to carefully sort and document FERPA consent, school nurses would still have two databases to learn, running reports during an outbreak would take longer and be more labor intensive, there would not be one database where 100% of the students could be entered, and the provider and the school are both responsible for entering the same data
Conclusion

Review of all three options
Final Results – How Does ISDH Obtain School Immunization Information for the CDC?

Option 1: (Schools enter immunization records into SIS only)
• DOE would send ISDH the required information for reporting to CDC

Option 2: (Schools maintain SIS and all partners assist entering into CHIRP over a 5 year period)
• Student immunization records would be completed by February 2017 for students in grades K, 1, and 6 by all partners working together to concentrate on these grade levels in order for ISDH to pull the information needed for their report to CDC
• All student immunization records would be entered into CHIRP within 5 years

Option 3: (Schools enter immunization records into CHIRP only)
• Additional training and education would be required for schools regarding the CHIRP system
• Accuracy of CHIRP database would depend on number of FERPA consents; timing of entering all of the allowable data into CHIRP would depend on the number of students not already entered into CHIRP by the school and if assistance was given to schools as outlined in Option 2
Conclusion

• Thank you for inviting me to speak today
• Questions?