OVERVIEW OF IMMUNIZATION RATES

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OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



CHIRP Data Entry

- Must have FERPA
 consent to be entered
 into the state
 immunization
 information system,
 CHIRP
- Must be entered by the first Friday in February
- This is not optional –
 it is state law

IC 20-34-4-1

Keeping immunization records; student transfer

Sec. 1. (a) Each school shall keep an immunization record of the school's students according to procedures prescribed by the state department of health.

IC 20-34-4-6

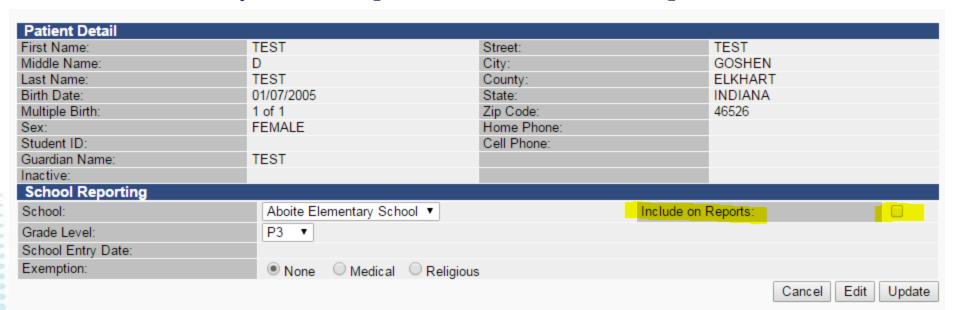
Collection of immunization data; onsite review or examination

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.



CHIRP Stats and Info

- Only school nurses and users with DOA can access CHIRP
- Accounts become inactive after 90 days on inactivity.
- Current number school personnel with access to CHIRP: 1852.
- Make sure each student has the "Include on Reports" checked if you need to verify their compliance via the Action Report.



Administered dose vs. Historical dose

- An administered dose always "trumps" a historical dose
- Manual entry
- May be a delay with the administered dose
 - 7 days per mandate
 - EMR settings



SCHOOL REPORT CARDS

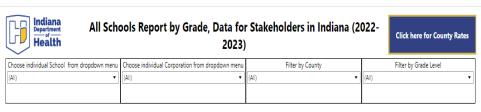
2022-23 School Data

School Immunization at State Level								
Grade	(%) State Overall Vaccination	%Dtap	%НерА	%НерВ	%MMR	%OPV/IPV	%VAR	%MCV4
K	81.0%	83.2%	92.6%	94.5%	92.2%	89.0%	91.7%	N/A
1	82.2%	84.2%	94.0%	95.1%	94.1%	90.6%	93.7%	N/A
6	74.9%	82.7%	95.5%	96.2%	96.1%	92.3%	95.8%	94.3%
7	77.8%	83.0%	95.5%	96.5%	96.3%	92.6%	96.0%	81.5%
12	71.0%	85.9%	92.5%	97.0%	96.7%	93.8%	96.3%	52.7%

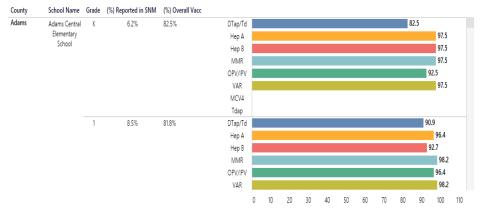


Kindergarten 2022-2023 school data

- 10,187 kindergarten students (13%) did not give FERPA consent
- 1,239 total schools assessed in kindergarten report
- 19% of kindergarten students are not up-to-date on immunizations
- 153 medical exemptions
- 1,816 religious exemptions



Immunization Rates by School



School Immunization at State Level									
Grade	(%) State Overall Vaccination/Grade	%Dtap	%НерА	%НерВ	%MMR	%OPV/IPV	%VAR	%MCV4	%Tdap
K	81.0%	83.2%	92.6%	94.5%	92.2%	89.0%	91.7%	N/A	N/A
1	82.2%	84.2%	94.0%	95.1%	94.1%	90.6%	93.7%	N/A	N/A
6	74.9%	82.7%	95.5%	96.2%	96.1%	92.3%	95.8%	94.3%	89.8%
7	77.8%	83.0%	95.5%	96.5%	96.3%	92.6%	96.0%	81.5%	93.4%
12	71.0%	85.9%	92.5%	97.0%	96.7%	93.8%	96.3%	52.7%	96.7%

Overall Vacc (Vaccination) - shows the percentage of students at the specified grade level that are up to date on all vaccines schedule required for school attendance.

Students Reported in SNM(School Nurse Module)- shows the number of students at a specific grade level reported in the School Nurse Module compared to enrollment data from Department of Education.



Lessons Learned

- FERPA consent + registration = success
- Meningococcal vaccine data entry
- Less data entry = better data quality
- Provisional status
- Exclusion

Communication Plan

- Report cards will be sent to the superintendent of each school corporation
- Report cards will also be sent to principals and school nurses
- Two week notice
- Interactive dashboard posted on website

Talking Points

- Differences in data
- Public schools
- FERPA
- Indiana Code 20-34-4-5
- Exclusions
- Access to vaccines

Upcoming Projects

- \$25,000 grant to remaining School Information Systems to develop a bidirectional interface
- Provider Compliance report
- HPV report cards
- College Entry Immunization Requirements
- Mandatory Reporting Compliance
 - Vaccine ordering data vs. reported administered doses

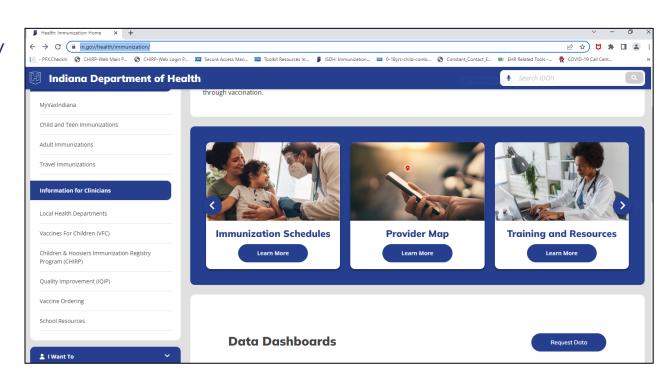
CHIRP Issues

- What are you experiencing?
- Better or worse?
- Merged records?
- Invalid records?



Indiana Department of Health site advantages

- Accessibility/ flexibility
- Centralized resources
- Embedded IDOH links
- Data dashboard

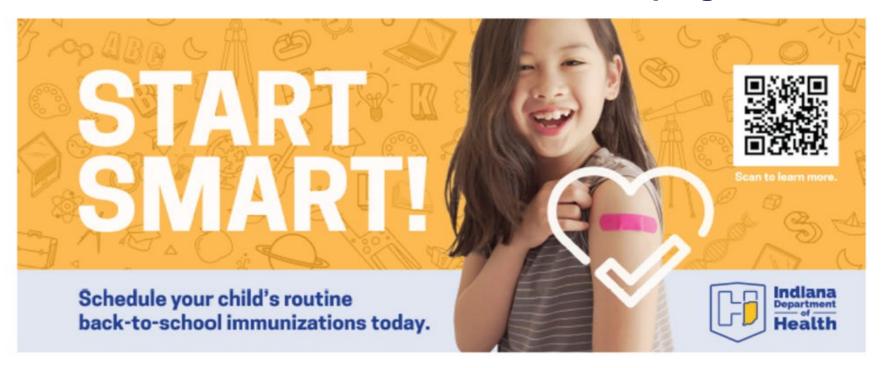


https://www.in.gov/health/immunization/



Start Smart

Indiana's Routine Vaccination Campaign





Start Smart

- Six-week state-wide agreement campaign to provide access to schoolaged children prior to starting school
- Of the 446,000 reminders sent last year, 47% of those children were vaccinated by October
- School-required vaccines only

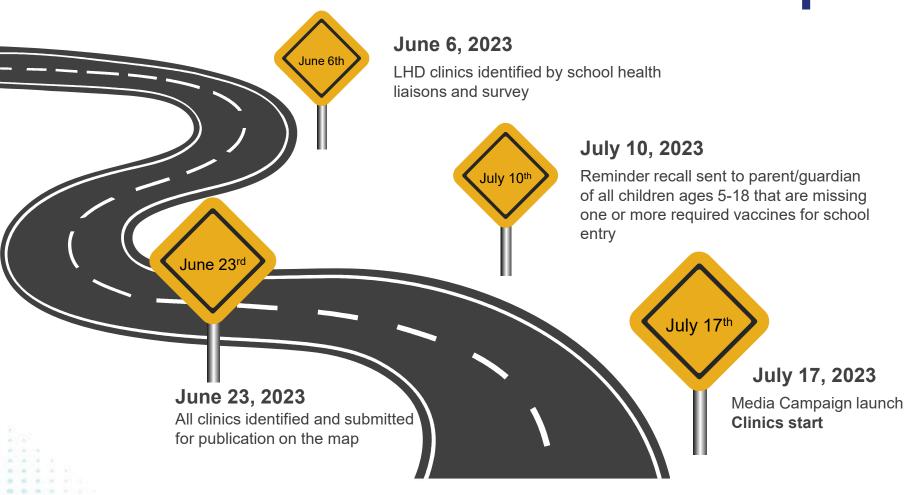


2023 Startsmart Campaign

Goal: To have at least one additional routine vaccination clinic in each county from July 17, 2023 to September 1, 2023.

- School Health Liaisons are reaching out to local health departments and schools to identify scheduled clinics for routine vaccines.
- Map will be published on the IDOH website so that individuals can locate vaccination clinics within their county.
- Reminder recall will be sent to the parents/guardians of children ages 5-18 years of age that are missing one or more required vaccines for school entry.
- All ACIP recommended vaccines should be offered at clinics.

2023 Startsmart Roadmap



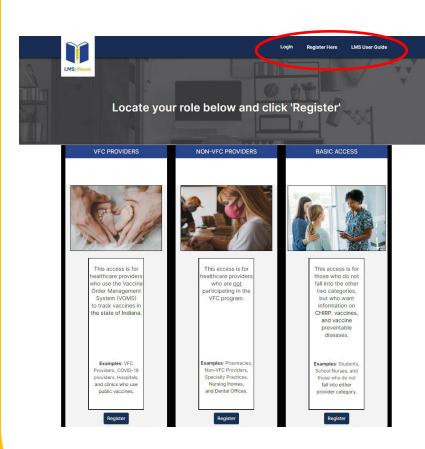
Newsletters are back!





LMS navigation

- Sign up with the "register here" button
- Current CHIRP users must register and create an account
- VFC, non-VFC, basic user access
- User guide available
- Questions? Need more details?
 The LMS User Guide







LMS: INvest library Catalog

Required

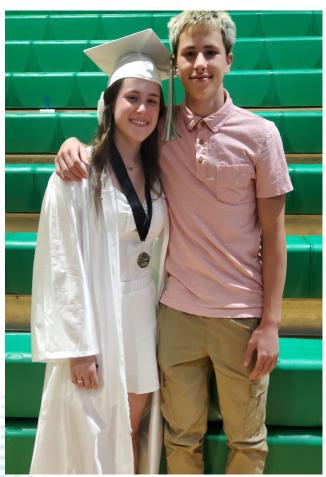
- VFC Provider Annual Training
- You Call the Shots
- Invalid Doses and Combination Vaccines

Highly Recommended

- School Nurse
- Storage and Handling
- VOMS 2.0 Video Training Series







Mission: To reduce the spread of vaccine preventable disease in Indiana through advocacy, education, partnerships and direct service.

Lisa K. Robertson
Executive Director
317-679-2309
director@vaccinateindiana.org

CHIRP

Did you know that Indiana requires all schools (K-12) to enter their students into the CHIRP system and to make sure the records are up to date EACH school year?

- We can answer any questions you have about entering data into CHIRP.
- We can help interpret foreign records.
- We can schedule on-site CHIRP training.

Exclusions Due to Lack of Immunizations:

Did you know that parents/guardians are to provide the schools with complete and up to date immunization reports to the schools no later than the first day of school?

IC 20-34-4-5 states that If those records are not provided to the schools, schools are to give no more than a twenty (20) day grace period to a parent/guardian to produce the information to the school before the child should be excluded from school and school activities.

How we can Help!

- We can host a vaccine clinic in your school for all students/staff.
- We can send information to your administrators about law.
- We can provide resources/information to send home to families about immunizations.







Hepatitis B Vaccine

Did you know that schools and businesses in Indiana are required to provide FREE hepatitis B vaccines to all high risk employees?

The Indiana Department of Labor OSHA Safety Requirements states that all employees that are at risk for potential exposure to bloodborne pathogens and infectious waste must be offered a hepatitis b vaccine series (if desired) within 10 days of assignment.

How we can Help!

- We can host a vaccine clinic at your school for all staff.
- We can provide you with information about Hepatitis B.

REQUEST A CLINIC

www.vaccinateindiana.org/clinics/request-a-clinic/

And don't forget, each school year you are required to inform all of your families about Meningococcal disease and your 6th grade parents about HPV disease.

What vaccines does my child need?

Tdap, HPV and Meningococcal

Education Letter



Parents and Guardians

The Indiana Department of Health strives to protect the health and safety of Hoosier children, so we want to make you aware of vaccines recommended for adolescents that protect against diseases, such as pertussis (whooping cough), human papillomavirus (HPV), meningococcal disease and influenza (flu).

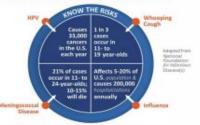
Vaccines recommended for boys and girls ages 11-12 include Tdap (tetranus, diphtheria and pertussis), HPV, meningococcal, hepatitis A" and influenza"*. These vaccines are safe, effective, and can be given at the same office visit. We urge you to review this important information and contact your child's healthcare provider with any questions.

*Recommended starting of 2 year afage



Vaccines Aren't Just for Young Children

Adolescents Can Be Protected from Deadly Diseases



Where can my child get these vaccines?

These vaccines are available from your child's healthcare provider. Pharmacies can also administer vaccines to children ages 11 and older.

If your child does not have health insurance or has a health insurance plan that does not cover vaccines, your child is eligible to receive no-cost vaccines through the Vaccines for Children (VFC) program.

Please visit the Indiana Department of Health website to locate a VFC provider in your county: https://www.in.gov/isdh/26482.htm. You can also contact us at immunize@isdh.in.gov or 800-701-0704.

Disease Name (to protect against disease)		Disease spread by	Symptoms	Complications		
Tetanus (lockjaw)	Tdap vaccine	Bacteria found in soil, dust and manure through exposure to cuts in skin	Stiffness, muscle spasms, fever	Broken bones, difficulty breathing, death		
Diphtheria	Tdap vaccine	Bacterial infection spread through direct contact with droplets from infected person through coughing or sneezing	Sore throat, mild fever, weakness, swollen glands	Demage to heart muscle, difficulty breathing, respiratory and heart failure, death		
Pertussis (whooping cough)	Tdap vaccine	Bacterial infection spread through direct contact with droplets from infected person through coughing or sneezing	Sewere cough with "whooping" sound, runny nose, vomiting from severe coughing	Pneumonia, loss of bladder control, rib fractures, death		
Human Papillomavirus (HPV)	HPV9 vaccine	Contagious virus spread through intimate skin-to-skin contact	Often no symptoms but some are warts, pre-cancerous or cancerous lesions of mouth, throat, cervis***, anus, penis or other areas	Cancers of mouth, throat, cereix, anus, and genital regions, genital warts, and death from cancer		
Meningococcal disease	MCV4 and Men 8 vaccines	Exchange of noise and throat droplets through coughing, sneeding, kissing, sharing utensils, etc.	Headache, stiff neck, nausea and vomiting, confusion, sleepiness	Meningitis, bloodstream infection, hearing loss, brain damage, setzures, loss of limbs, death		
Influenza	Seasonal Influenza vaccine	Contagious virus spread through droplets from infected person coughing or sneezing	Sudden onset of symptoms including fever, chills, dry cough, headache, runny nose, sore throat, muscle and joint pain	Extreme fatigue, hospitalization, preumonia, death		
Hepatitis A	is A Hepatitis A Contagious virus usually spread by fecal (stool)-oral route, can be spread by close contact with infected person		Fever, fatigue, loss of appetite, nausea and vomiting, jaundice (yellowing of skin/eyes), cola- colored urine, day-colored stools	Hospitalization, death		

*** The IRPVG vaccine is highly effective at preventing opinical preconcers, but it does not eliminate the need for noutine cervical cancer screenings [Pap test] as recommended by a healthcare provider. This screening is important because it can detect early precasceous changes so treatment can begin before cancer develops.

Resources



Mouth and throat cancers

No screening test exists. The first symptom is often a lump in the neck. Ask your dentist to look for any signs of these cancers.

Cervical cancer

Cervical cancer is the only type of cancer caused by HPV that can be detected early by a screening test.

FOUR other cancers are caused by HPV

These cancers can't be detected early through a screening test. They are often found at a late state causing very serious problems or death.

HPV vaccine is a safe and effective vaccine that could prevent **over 90%** of these cancers.



ESTIMATED U.S. CASES EVERY YEAR



CDC recommends the HPV of for ALL teens starting at ag or 12. It can be given starting age 9 and up to age 45.



1. https://www.odc.gov/cancer/hpv/statistics/cases.htm

HUMAN PAPILLOMA VIRUS (HPV)

The Forbes Famil How HPV Changed Our Lives

Our daughter, Kristen enjoyed a normal, happy childhood. She was a good student, played rugby, cello, and guitar. Her life was filled with promise. She graduated from college with a successful career path before her. Then tragedy struck. She was diagnosed with cervical cancer. Eleven months later she died at the age of 23.



ASK ME HOW
WE CAN
PREVENT
CANCER!

You try to protect your children. You remember the good times. You cherish the memories. You pray it never happens areai It doesn't have to happen. Cervical cancer has one main cause: HPV. That makes it almost 100% prevental could have swelk feitness life. Protect wur children. Vascinate them.

There are 78 million people infected with HPV, HPV is the most common sexually transmit transmission most commonly occurs in teens and young adults. Most people do not have symptor from HPV infection, and they are able to nid the virus on their own; however, persistent infection types can be dangerous. HPV causes most of the cases of cervical cancer in women and most and orophanypagel cancers in males. In addition, most cases of gential warts are caused by HP

There is no cure for HPV infection, although the infection usually goes away on its own. It is post remain in a "sleeping" or dormant state and be reactivated years later.

Fortunately, there is a safe and effective vaccine that protects against the most problematic vaccine is most effective when given before the onset of sexual activity; therefore it is recomm and girls at age 11 or 12, and can be given alongside the other adolescent vaccines that are requivaccine can be given up to age 26.

The HPV vaccine is a cancer-prevention vaccine. Please ask your doctor HPV vaccine and protect yourself and your children from HPV associated

For more information, please visit www.vaccinateindiana.or



Communicating with Your Patients About Vaccines:
What You Say and How You Say It Matters!

Most of your patients feel favorably about vaccines. How you and your staff discuss vaccines with patients will most likely determine whether patients accept a vaccine. These tips will help you have positive vaccine conversations with your patients. Positive conversations will help ensure that they stay up to date on vaccines to keep themselves, their family, and their community healthy.

Understand the importance of your recommendations.

Your vaccine recommendation is the #1 reason patients choose to be vaccinated. Your patients will likely not ask for a vaccine. They are waiting for you to recommend them. A strong recommendation will usually lead to acceptance of the vaccine.

Ask all staff to discuss vaccines in a consistent way. Make sure that all staff who greet and converse with patients communicate the same positive attitude about vaccines. Any vaccine misinformation or negative attitudes from any staff could impact patient acceptance for years to come.

Assume that all patients will be accepting vaccines and choose your words accordingly.

"Today you are due for your influenza vaccine" rather than "Will you be getting your flu vaccine?"

Bundle your vaccine recommendations and suggest the vaccines on the same day and in the same way.

"Today your child is due for Meningitis, HPV, Flu and Tdap vaccines" rather than "Today your child is due for school shots, and we also have HPV vaccine."



Be ready to answer questions.

It is not necessary to give a lot of information about vaccines when you recommend them; however, be ready to answer any questions that your patient might ask. Remember that they are likely to accept vaccines if you can answer their questions in a short simple way.

Remember the 3 P's: Personal, Persistent, Patient Make it personal: "I gave the HPV vaccine to my kids."

Show persistence: "I understand that you are not interested in receiving the Flu vaccine today, but I feel it will keep you healthy and I strongly recommend it."

Be patient: It may take a few visits to build trust with your patients. If your patient refuses vaccines on a visit, continue to make strong recommendations at each visit.

Know how to communicate with patients who are hesitant. Remember the 3 A's: Ask, Acknowledge and Advise.

- · Clarify their concerns.
- · Validate their feelings
- Provide confidence in your expertise as their provider.
- · Refute misinformation.
- Repeat strong recommendation.



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www.vaccinateindiana.org





www.bewareofb.com



www.hoosiersvaccinate.org









www.vaxchampion.org

www.wethepeoplevax.org