Tennessee Immunization Program: Pertussis and Other News You Can Use

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Tennessee Association of School Nurses
Murfreesboro, Tennessee
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Objectives

• So, what’s the vaccine situation at the health department this year?
• Tdap and Pertussis (“whooping cough”)
• New (improved) immunization requirements
• Immunization Certificate Validation Tool (ICVT)
• Kindergarten certificate survey
• Discussion
Vaccines available in local health departments

Federal Vaccines for Children (VFC) Program: No Changes
   - Age 0-18 AND: (a) Uninsured; (b) TennCare; (c) Native American; or (d) [in LHD, FQHC only] Privately insured plan excludes vaccine coverage (“underinsured”)

Non-VFC federal vaccine eligibility (no charge for vaccine):
   - Limited to uninsured adults 19 through 64 years
     - Hepatitis A, Hepatitis B, Influenza, MMR, Meningococcal, Tdap, Varicella
   Exceptions for: Public Health outbreak response, post-exposure prophylaxis

State-purchased vaccines:
   - Unrestricted access, not free. Charges on a sliding scale based on income until health department establishes capacity to bill insurance plans as an in-network provider (beyond TennCare)
     - Hepatitis B, HPV, MMR, Meningococcal Conjugate, PCV13, Tdap, Varicella
<table>
<thead>
<tr>
<th>AGE</th>
<th>Insurance</th>
<th>Ethnicity</th>
<th>VFC*</th>
<th>Can they have Federal vaccine?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth through 18 years</td>
<td>TennCare (even if secondary)</td>
<td>--</td>
<td>Yes</td>
<td>YES – All recommended</td>
</tr>
<tr>
<td></td>
<td>Uninsured</td>
<td>--</td>
<td>Yes</td>
<td>YES – All recommended</td>
</tr>
<tr>
<td></td>
<td>Any</td>
<td>American Indian/Alaskan Native</td>
<td>Yes</td>
<td>YES – All recommended</td>
</tr>
<tr>
<td></td>
<td>Private, but some or all vaccines not covered as a benefit (“underinsured”)</td>
<td>--</td>
<td>Yes</td>
<td>YES – All recommended</td>
</tr>
<tr>
<td></td>
<td>Cover Kids or private insurance that covers vaccines (may have co-pay or deductible), “fully insured”</td>
<td>--</td>
<td>NO</td>
<td>No. Exceptions specified below.</td>
</tr>
<tr>
<td>Adults 19 through 64 years</td>
<td>Uninsured</td>
<td>--</td>
<td>NO</td>
<td>YES – Recommended vaccines in stock may be given</td>
</tr>
<tr>
<td></td>
<td>Insured (TennCare, CoverTN, Medicare, any commercial insurance)</td>
<td>--</td>
<td>NO</td>
<td>No. Exceptions specified below.</td>
</tr>
<tr>
<td>Adults 65+</td>
<td>Presumed Medicare eligible</td>
<td>--</td>
<td>NO</td>
<td>No. Exceptions specified below.</td>
</tr>
</tbody>
</table>

**EXCEPTIONS**

For some diseases, clinical staff may need to give Federal 317 vaccine to prevent illness in an insured, exposed person at risk of disease. This determination will be made by public health clinical staff after evaluating a patient or after identifying a group at risk as part of a public health outbreak response. Such doses must use Admin Code 90471CD.

*Non-VFC patients get federal vaccines purchased with limited “317” funds.*
Pertussis
(Whooping Cough)
Reported NNDSS pertussis cases: 1922-2012*

*2011 data are provisional; 2012 data are provisional.

SOURCE: CDC, National Notifiable Diseases Surveillance System and Supplemental Pertussis Surveillance System and 1922-1949, passive reports to the Public Health Service
Annual Incidence by State, 2012*

2012 incidence = 13.4
(n=41,880)

*2012 data are provisional.
Source: CDC National Notifiable Disease Surveillance System, 2012
2011 Census data used for population estimates; Incidence is per 100,000 population
Summary and Working Hypothesis

- Pertussis incidence has increased since 1980s
- Resurgence of childhood disease despite high DTaP coverage
  - Excellent initial vaccine effectiveness
  - Moderate and immediate waning of immunity
- Re-emergence of adolescent disease despite Tdap
  - Tdap boost in DTaP recipients may wane quickly
- Switch to aP vaccines is changing pertussis epidemiology
  - i.e. a problem of susceptibility despite vaccination
Burden of Pertussis Changes with Age

Average Incidence of Reported Pertussis Cases in the US by Age, 2002-2011

Final thoughts...

- Pertussis vaccines protect
- Resurgence of pertussis expected to continue
- Goal is to prevent infant morbidity and mortality, but also limit burden of pertussis
  - High coverage in adolescents can be achieved
  - Attaining high coverage among adults remains a challenge
- No evidence yet of a strong “herd effect”
What School Nurses Should Know about Pertussis

• The 7th grade entry requirement will help reduce pertussis among susceptible preteens/early teens
• CDC continues Tdap recommendation at age 11-12 years
• Public health is not surprised by pertussis in school-aged children
• We expect reports to become more common over time
  – More infections + better testing + less durable protection from current vaccines
  – The newer vaccines are safer, so no going back
• CDC does not recommend school-based interventions in the absence of evidence of spread in the school setting
• Sporadic or isolated cases in a family are typical, don’t necessitate school action
What School Nurses Should Know about Pertussis

• Anyone with a bad cough (fits) lasting 2+ weeks without other cause should be evaluated by their healthcare provider for pertussis

• Those with pertussis should stay out of school until 5 days of antibiotic treatment are complete

• Treatment will reduce infectiousness, but will still be coughing (but not contagious)

• Close contacts may be given antibiotics to prevent illness (typically, the household or persons who spend >1hr at a time in an enclosed space with the patient)

• Treatment or prophylaxis are not useful if case has been sick for at least 21 days already or exposure has gone on ≥21 days
  – Pertussis toxin damage → cough, persists long after bacteria disappear

• Highest priority: protection of any infant

• Contact local public health with questions/before acting
Vaccines for Every Pregnancy: School Nurses can Help Champion

• Tdap
  – With *each pregnancy* after 20 weeks, ideally 27-36w
  – Early UK data showing drop in early neonatal pertussis rates with >80% Tdap coverage of pregnant women only

• Seasonal influenza vaccine
  – Protects mother and fetus/newborn
  – See benefit to newborn up to 6 months old
  – Dramatic improvement in vaccination rates since 2009 pandemic (up to over 50% from ~10% before 2009)
TN Immunization Coverage Rates
2012 Immunization Status of 24-Month-Old Children in Tennessee:
Statewide percentage of children with age-appropriate immunization levels by vaccine
(point estimates and 95% confidence intervals, n=1431)
TN Imm coverage ages 13-15 years

US Imm coverage ages 13-15 years
Top 5 reasons for not vaccinating daughter, among parents with no intention to vaccinate in the next 12 months, NIS-Teen 2011

<table>
<thead>
<tr>
<th>Reason</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not needed or necessary</td>
<td>23.2%</td>
</tr>
<tr>
<td>Not sexually active</td>
<td>19.5%</td>
</tr>
<tr>
<td>Safety concern/side effects</td>
<td>19.3%</td>
</tr>
<tr>
<td>Lack of knowledge</td>
<td>15.2%</td>
</tr>
<tr>
<td>No recommendation by provider</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

Response categories are not mutually exclusive

The Journal of Infectious Diseases reveals that since the vaccine was introduced in 2006, vaccine-type HPV prevalence decreased 56% among female teenagers 14-19 years of age.

CDC Director Tom Frieden, MD, “Countries such as Rwanda have vaccinated >80% of their teen girls. Our low vaccination rates represent 50,000 preventable tragedies – 50,000 girls alive today will develop cervical cancer over their lifetime that would have been prevented if we reach 80% vaccination rates. For every year we delay in doing so, another 4,400 girls will develop cervical cancer in their lifetimes.”
Updates to State Immunization Requirements Promulgated August 2013

- Officially lists registry-validated certificates as acceptable for preschool and school
- Signatures from LHDs must be from a public health nurse
- Tdap required for 7th grade *regardless* of history of Td.
- Clarifies that a clinician who believes that a person has provided them a credible history of chickenpox disease may fulfill requirement for college by noting this history.
  - Official medical records from illness are unnecessary
  - Stricter standards of proof may apply for students of healthcare professions
New Tennessee Law: Jacob Nunley Act

- Meningococcal Conjugate Vaccine (MCV4) Recommended by CDC:
  - 1<sup>st</sup> dose age 11-12
  - Booster at 16-18
- **First year students in campus housing and under 22 need a MCV4 dose given on/after 16<sup>th</sup> birthday**
  - Now **required** for public higher education institutions (UT & TBR)
- Opportunity to educate, vaccinate high school students
- VFC free vaccine entitlement ends at 19<sup>th</sup> birthday for eligible students

MTSU MENINGITIS VICTIM

Jacob Nunley

Died September 2012
# Diseases Covered by Tennessee Child Care and School Immunization Requirements


<table>
<thead>
<tr>
<th>Disease</th>
<th>Child Care</th>
<th>Kindergarten</th>
<th>New students, Grades 1-12</th>
<th>All incoming 7th graders</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td>H. flu type B (Hib)</td>
<td>Up to date/complete</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Pneumococcus (PCV)</td>
<td>Up to date/complete</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis</td>
<td>Up to date (no 4y dose)</td>
<td>Complete (incl. 4y dose)</td>
<td>Same as K, Tdap not req’d</td>
<td>Tdap booster</td>
<td>-</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>1 dose</td>
<td>2 dose</td>
<td>2 dose</td>
<td>-</td>
<td>2 dose</td>
</tr>
<tr>
<td>Polio</td>
<td>Up to date (no 4y dose)</td>
<td>Complete (incl. 4y dose)</td>
<td>Complete (incl. 4y dose)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Up to date/complete</td>
<td>Complete</td>
<td>Complete</td>
<td>-</td>
<td>If training incl. direct pt. care</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>1 dose</td>
<td>2 dose</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Meningococcal disease</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1 dose for some (see school)</td>
</tr>
<tr>
<td>Varicella (or disease history)</td>
<td>1 dose or disease</td>
<td>2 dose or disease</td>
<td>2 dose or disease</td>
<td>2 dose or disease</td>
<td>2 dose or disease</td>
</tr>
</tbody>
</table>

*Vaccines recommended by CDC, but not required for school: rotavirus (infants), influenza (all, annually), Human papillomavirus (adolescent). Visit [http://health.state.tn.us/TWIS/requirements.htm](http://health.state.tn.us/TWIS/requirements.htm) or [https://twis.tn.gov](https://twis.tn.gov) for more information or for the Official Certificate.*

*Last updated by Tennessee Immunization Program: October 2013*
TN Immunization Certificate Validation Tool (ICVT)

- **New** function on TWIS launched April 2013
  - Presented initially at the CSH Institute in May

- Compares a child’s record against state preschool and school requirements

- It can produce *either*:
  - Validated Official TN Immunization Certificate
    - No signature required for immunization section
  - Failed Validation Report
    - Highlights where record falls short of requirements
What assessments can ICVT complete?

If TWIS record is complete, ICVT can validate for:

B) Up to date for child care entry and <18 months old
C) Complete for Child Care or Pre-School
D) Complete for K-6th grade
E) Complete 7th -12th grade*

*Works for current students entering 7th grade if Tdap and 2 doses of varicella vaccine (or disease history) are in TWIS
ICVT cannot produce certificates for:

- **Religious Exemption**
  - Requires parent note to school (no certificate required)

- **Medical Exemption**
  - Requires physician or local health department signature

- **Temporary Certificate**
  - Requires manual completion
Who can print a Validated Certificate?

- **Any TWIS user**, including school officials or school nurses with read-only access to TWIS and pharmacists

- It may be provided to parent with no further signature to confirm immunizations

- **Note**: Section 1b. Health Examination Documentation
  - *Cannot* be completed automatically with ICVT
  - Health examination policies are made by local school districts and not part of Department of Health rules
Failed Validation Report:
Record does not meet requirements: Why?

• Missing doses
• Invalid dose
  – Age too young
  – Dose interval too short
• Follows CDC’s current Recommended Childhood Immunization Schedule and Catch-Up Schedule
• Validation reports only show required vaccines & doses
  – Does not assess vaccines or doses not required for the “Provider Assessment” category selected
Failed Validation: How Printout Looks

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Required Doses</th>
<th>Doses Recorded in Registry</th>
<th>Valid Doses</th>
<th>Reason for Invalid Doses</th>
<th>Min. Age</th>
<th>Min. Int</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP/DTaP/DT [Passed] (702)</td>
<td>4</td>
<td>04/26/1995</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>06/26/1995</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>08/26/1995</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>01/01/1996</td>
<td>Not Valid</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>05/20/2000</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep B [Hepatitis B] [Passed] (705)</td>
<td>3</td>
<td>04/26/1995</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>06/26/1995</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>08/26/1995</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IPV (Polio) [Passed] (707)</td>
<td>4</td>
<td>04/26/1995</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>06/26/1995</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>08/26/1995</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>01/01/1996</td>
<td>Not Valid</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>05/20/2000</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (MMR Vaccine) [Failed] (709)</td>
<td>2</td>
<td>02/15/1996</td>
<td>Not Valid</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>05/20/2000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAR (Varicella Vaccine) [Failed] (710)</td>
<td>2</td>
<td>02/15/1996</td>
<td>Not Valid</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>05/20/2000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**AgeByDays:** 6473

**Note:** This preschool or school automated validation function assesses only immunization records in the State of Tennessee Immunization Registry. The accuracy of the information depends upon the completeness and accuracy of records entered by immunization providers.

**Min. Age:** Dose does not meet required minimum age.

**Min. Int:** This dose was given before the minimum allowable interval between doses in the series. Minimum intervals are published in the Centers for Disease Control and Prevention Catch-Up Immunization Schedule.
School Users of The Immunization Registry (TWIS)

• Tennessee law requires that schools have access to immunization information in registry

• Establishing District-level accounts
  – School district administrator
  – Any school district worker with legitimate need to access immunization records may be a user on that account
  – Allows TDH to manage security, access for all legitimate school users (school nurses, CSH directors, others)
  – Check with school district if you are not a user and need to be
## Public School Districts with TWIS Accounts

**10/17/2013**

<table>
<thead>
<tr>
<th>School District</th>
<th>Department or School System</th>
<th>School Health Program</th>
<th>District or School System</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALCOA CITY SCHOOLS</td>
<td>HAMILTON COUNTY DEPARTMENT OF EDUCATION SCHOOL HEALTH PROGRAM</td>
<td>LOUDON COUNTY SCHOOLS (MAIN OFFICE)</td>
<td>SHELBY-COUNTY SCHOOLS-TWIS</td>
</tr>
<tr>
<td>ANDERSON COUNTY SCHOOL SYSTEM</td>
<td>HANCOCK COUNTY SCHOOL-BASED HEALTH CENTER</td>
<td>MANCHESTER CITY SCHOOLS</td>
<td>SHELBY-PAROCHIAL &amp; PVT SCHOOLS-TWIS</td>
</tr>
<tr>
<td>ATHENS CITY SCHOOLS</td>
<td>HARDIN COUNTY SCHOOLS</td>
<td>MARION COUNTY SCHOOLS</td>
<td>SOUTH CARROLL SPECIAL SCHOOL DISTRICT</td>
</tr>
<tr>
<td>BULLS ELEMENTARY SCHOOL</td>
<td>HAWKINS COUNTY SCHOOLS</td>
<td>MARYVILLE CITY SCHOOLS</td>
<td>STEWART COUNTY SCHOOL</td>
</tr>
<tr>
<td>BLEDSOE COUNTY SCHOOLS</td>
<td>HENDERSON COUNTY SCHOOL SYSTEM</td>
<td>MCKENZIE SPECIAL SCHOOL DISTRICT</td>
<td>TENNESSEE SCHOOL FOR THE DEAF</td>
</tr>
<tr>
<td>BLOUNT COUNTY SCHOOLS</td>
<td>HENRY COUNTY SCHOOL SYSTEM</td>
<td>McMinn County Schools</td>
<td>TIPTON COUNTY SCHOOLS SYSTEM</td>
</tr>
<tr>
<td>BRADLEY COUNTY SCHOOLS</td>
<td>HICKMAN COUNTY SCHOOL SYSTEM</td>
<td>MEIGS COUNTY SCHOOLS</td>
<td>TN SCHOOL FOR THE BLIND</td>
</tr>
<tr>
<td>BRISTOL TN CITY SCHOOLS</td>
<td>HOUSTON COUNTY SCHOOLS</td>
<td>Metro Nashville Public Schools-Metro Public Health Department</td>
<td>TRENTO SPECIAL SCHOOL DISTRICT</td>
</tr>
<tr>
<td>CHEATHAM COUNTY SCHOOL DISTRICT</td>
<td>HUMBOLDT CITY SCHOOLS</td>
<td>Monroe County Dept of Ed Coordinates School Health Clinic</td>
<td>TROUSDALE COUNTY SCHOOLS DISTRICT</td>
</tr>
<tr>
<td>CHESTER COUNTY SCHOOL DISTRICT</td>
<td>HUMPHREYS COUNTY SCHOOL DISTRICT</td>
<td>Monroe County School-Based Clinic</td>
<td>TULLAHOMA CITY SCHOOLS</td>
</tr>
<tr>
<td>CLINTON CITY SCHOOLS</td>
<td>HUNTINGDON SPECIAL SCHOOL DISTRICT</td>
<td>Morgan County Schools - Wartburg</td>
<td>UNION CITY SCHOOLS</td>
</tr>
<tr>
<td>COCKE COUNTY SCHOOL SYSTEM</td>
<td>JACKSON COUNTY SCHOOL DISTRICT</td>
<td>Murfreesboro City Schools</td>
<td>VINE MIDDLE MAGNET SCHOOL HLTH CTR</td>
</tr>
<tr>
<td>COFFEE COUNTY MIDDLE SCHOOL</td>
<td>JACKSON-MADISON COUNTY SCHOOL SYSTEM</td>
<td>ONEIDA SPECIAL SCHOOL DISTRICT</td>
<td>WEST TENNESSEE SCHOOL FOR THE DEAF</td>
</tr>
<tr>
<td>DAYTON CITY SCHOOLS</td>
<td>JEFFERSON COUNTY SCHOOL SYSTEM</td>
<td>Paris Special School District</td>
<td>WILLIAMSON COUNTY SCHOOLS</td>
</tr>
<tr>
<td>DYERSBURG CITY SCHOOL SYSTEM</td>
<td>JOHNSON COUNTY SCHOOLS</td>
<td>Polk County Schools Systems</td>
<td></td>
</tr>
<tr>
<td>DYERSBURG PRIMARY SCHOOL</td>
<td>KINGSPORT CITY SCHOOLS</td>
<td>Pulaski Elementary School</td>
<td></td>
</tr>
<tr>
<td>ELIZABETHTON CITY SCHOOLS</td>
<td>KNOX COUNTY SCHOOLS HEALTH SERVICES-TWIS</td>
<td>Roane County Schools</td>
<td></td>
</tr>
<tr>
<td>FRANKLIN SPECIAL SCHOOL DISTRICT</td>
<td>LAUDERDALE COUNTY SCHOOL SYSTEM</td>
<td>Robertson County School District</td>
<td></td>
</tr>
<tr>
<td>GIBSON COUNTY SPECIAL SCHOOL DISTRICT</td>
<td>LAWRENCE COUNTY SCHOOL SYSTEM</td>
<td>Rogersville City School Based Clinic</td>
<td></td>
</tr>
<tr>
<td>GILES COUNTY SCHOOLS</td>
<td>LEBANON SPECIAL SCHOOL DISTRICT</td>
<td>Rutherford County Schools</td>
<td></td>
</tr>
<tr>
<td>GRAINGER COUNTY SCHOOLS</td>
<td>LENOIR CITY SCHOOLS</td>
<td>School Health Clinic - JCT</td>
<td></td>
</tr>
<tr>
<td>GREENBACK PUBLIC SCHOOLS</td>
<td>LEWIS COUNTY SCHOOL DISTRICT</td>
<td>Scott County Schools</td>
<td></td>
</tr>
<tr>
<td>GREENE COUNTY SCHOOLS</td>
<td>LEXINGTON CITY SCHOOL SYSTEM</td>
<td>Sevier County School System</td>
<td></td>
</tr>
<tr>
<td>GREENEVILLE CITY SCHOOLS</td>
<td>LINCOLN COUNTY SCHOOLS</td>
<td>Sevier County Schools</td>
<td></td>
</tr>
</tbody>
</table>
Information and Assistance

Questions about ICVT or TWIS use?
• Online resources on TWIS for each category of user:
  – Medical offices and local health departments (full access users)
  – Pharmacists (full registry use, but print only ICVT-validated certificates)
  – School officials/nurses (read-only access, print ICVT-validated certificates)

Problems using ICVT?
• TWIS Help Desk (888)894-7435 or health.imm@tn.gov
## Kindergarten Entry
### 2012-2013 School Certificate Compliance

<table>
<thead>
<tr>
<th>School Type</th>
<th>Total Surveyed</th>
<th>Religious Exemption</th>
<th>Medical Exemption</th>
<th>Meets Imm Req</th>
<th>All Valid</th>
<th>Invalid or no record*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>78,998 (all)</td>
<td>522</td>
<td>139</td>
<td>74,595</td>
<td>75,256</td>
<td>2118</td>
</tr>
<tr>
<td>Private</td>
<td>4,190 (62%)</td>
<td>57</td>
<td>14</td>
<td>3,998</td>
<td>4,069</td>
<td>86</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>83,188</strong></td>
<td><strong>579 (0.7%)</strong></td>
<td><strong>153 (0.2%)</strong></td>
<td><strong>78,593 (94.5%)</strong></td>
<td><strong>79,325 (95.4%)</strong></td>
<td><strong>2204 (2.6%)</strong></td>
</tr>
</tbody>
</table>

*Children’s files with missing records within 30 days of a school transfer are not considered invalid

**TN weighted exemption rate estimated at 1.2%**

11 states >4% exemption
Immunization Certificate Compliance: 2013-14

• Again, will need to know if a school nurse reviews all certificates at a school
  – If unknown, if only some or none of certificates reviewed by a school nurse, answer “no”
  – School nurse review is not a requirement: no right or wrong answer
  – We also need copies of the individual school reports from the superintendent (not only a district summary)
  – CDC weights its sampling of schools that TDH will be assigned to audit based upon whether the records were all reviewed by a school nurse or not
Immunization Certificate Compliance

• We are still awaiting a final report from the schools to compare students against the registry data available on them. We’ll provide deadlines and notice when they go to superintendents

• CDC is moving up deadlines to publish its report earlier in the year

• CDC will assign us our schools to audit in January
HIPAA Amendments

• Questions have arisen about changes to HIPAA in September affecting consent for sharing immunization records with schools

• Answer: Provider may simply document verbal request by parent or guardian (or person acting in place of a parent). No written consent required.

• Parent may consent to multiple disclosures (such as corrections to records, or sequential disclosures for those with temporary certificates.

See:
http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/studentimmunizations.html
Discussion

Questions now or later?

• TIP monthly conference calls with TASN leadership, Sara Smith and others from CSH

• Immunization policy or medical questions
  – TN Immunization Program
    • Kelly.moore@tn.gov, Director
    • Susanne Powell, Program Manager Susanne.powell@tn.gov
    • Becky Pearsall, Adol. Coordinator Becky.pearsall@tn.gov
  – Phone: 615-741-7247 (main division number)
  – TWIS website: https://twis.tn.gov