



**Reflecting a new way to determine compliance  
with school and child care facility  
immunization requirements**

**Laurel Wood  
Alaska Immunization Program**

**2010 Program Managers Meeting  
November 18, 2010**



**A little  
history**

*excerpt from  
presentation  
at 2001 NIC*



## **CASA Limitations**

- **Limited # of data entry fields**
- **# of doses assessed only - minimum spacing/age not considered**
- **Standard reports difficult to understand & interpret for users**

# **CASA issues led to development of *ImmAGE***

**Imm**unization **A**ssessment and **G**oal **E**valuation

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- **Alaska-developed application**
- **CASA-like**
- **“Snapshot” assessment in medical setting**
- **Used for 3 years/ useful, but:**
  - **Labor intensive to keep updated**
  - **Significant improvements to CASA/CoCASA**



# School & Child Care Facility Assessment

## Historically:

- School/child care staff wrote info on EACH child, mailed to Program for review
- Time-consuming, low response rate (no surprise!)

## Next:

- Self surveys with aggregate data (per CDC survey criteria)

## Results?

- Incomplete surveys
- Inaccurate data
- Low and slow response from schools/cc

# Increasing complexity of immunizations

- Growth of ACIP recommendations
- Alaska emphasis on # & spacing of doses
- 2001 – 5 new vaccine requirements

Requirements <sup>1</sup>	Vaccine-Preventable Disease	Facility Type	
		School	Childcare Facility
Existing	Diphtheria	✓	✓
	Tetanus	✓	✓
	Pertussis	✓	✓
	Polio	✓	✓
	Measles	✓	✓
	Rubella	✓	✓
Additional (new for 2001)	Mumps <sup>2</sup>	✘	✘
	Hepatitis A	✘	✘
	Hepatitis B	✘	✘
	Hib <sup>3</sup>		✘
	Varicella <sup>4</sup>		✘





# Responding to Program Needs

- IT staff looking for ways to facilitate Program
- Developed computerized compliance tool
- Built upon ImmAGE logic, but modified for school/child care use

→ **Self** ImmAGE



# Self ImmAGE

## What is it?

- User-friendly electronic application
- Performs complex calculations to determine compliance with school/cc regulations
- Initially, shared via CDs
- **Web-based** as of December 2009



# Self ImmAGE

## How does it help?

- Performs complex calculations for compliance
- Forecasts future needs
- Reduces staff anxiety
- Provides simple mechanisms for F/U with parents
- Eases submission of required reports



# Self ImmAGE

## Why not just use IIS?

- IIS – for *medical* recommendations  
SI – for *compliance* with school reqts
- SI developed to assist NON-medical staff
- No data sharing/central repository, so:
  - No FERPA issues
  - No need for security contracts or user agreements

# Home Page

Immunization Program  
**Self ImmAGE**

[Back To Home](#) [Sign Out](#)

**Students**

Search:

Name contains



**Alaska Division of Public Health**  
*Prevention Promotion Protection*

## Thank You!

- Self ImmAGE recently received an award from the national Association of Immunization Program Managers (AIM). The "Bull's Eye Award" recognizes immunization strategies that 'hit their mark', achieving goals and increasing awareness by encouraging replication in other programs...
- The success of this program is largely due to you, the users, who have provided feedback and support for the program over the years. Our thanks to each of you!

- Internet browsers supporting Self ImmAGE: Internet Explorer and Firefox.

## Updated Manual & New Features - Oct 4

- The "Self ImmAGE Instruction Manual" has been updated.
- A new "Facility" type has been added for home care/group home child care providers. If you're one of these providers, please go to your "Facility" page, and update this information.
- The number of records you have in your facility now appears in your "Facility" demographic page.

## About Self ImmAGE

- Thank you for signing up to use this valuable tool. You are now one of more than 400 schools and child cares using this program.
- Self ImmAGE (Self Immunization Assessment and Goal Evaluation) is a web based computerized data analysis application tool, that may be used to help determine a child's level of compliance with Alaska immunization requirements.
- Our web based Self ImmAGE offers all of the great features found on the CD, plus many more useful tools to assist you in keeping Alaska's children healthy and safe from vaccine preventable diseases.

**Facilities**

**Vaccines**

**Reports**

# SEARCH

## Selection Tools

Students

Facilities

Vaccines

Reports

### Students

Search:

Active Students

Name contains

Grade =

1

Facility =

^Test School

[Search](#) [New Student](#)

[Charming, Princess - \(1\)](#)

[Kangaroo, Kelly - \(1\)](#)

[t, t - \(1\)](#)

### Facilities

[^Test CCC](#)

[^Test School](#)

[New Facility](#)

[Promote Students](#)

[Inactivate Students](#)

[Delete Students](#)

[Transfer Students](#)

[Accept Transfers](#)

### Reports

[Exclusion Letter\(s\)](#)

[Exemption/Disease History List](#)

[Immunization History List](#)

[Noncompliant Child List](#)

[Parent Letter\(s\)](#)

[Self Assessment Survey](#)

## Vaccines

[ACEL-IMUNE® - DTP](#)  
[ActHIB® - Hib](#)  
[ADACEL™ - Tdap](#)  
[Afluria® - Seasonal Influenza](#)  
[Attenuvax® - Measles](#)  
[BCG - TB\(not used in US\)](#)  
[Boostrix™ - Tdap](#)  
[Certiva™ - DTP](#)  
[Cervarix® - HPV](#)  
[COMVAX™ - Hep B/Hib](#)  
[DAPTACEL™ - DTP](#)  
[Decavac® - Td Adult formula](#)  
[DT](#)  
[DTaP](#)  
[DTP](#)  
[DTwP - DTP](#)  
[Engerix-B® - Hep B](#)  
[Fluarix® - Seasonal Influenza](#)  
[FluLaval® - Seasonal Influenza](#)

## Vaccine Information

Boostrix™ - Tdap

Tetanus/Diphtheria/Acellular Pertussis

Adult formulation - Appropriate age groups to receive "pediatric" or "adult" formulations vary according to vaccine. Consult a healthcare provider if you have questions about vaccine use.

OK

# STUDENTS

## Data entry screen for new students

### Student Information

Facility:  \*  
First Name:  \*  
Last Name:  \*  
Birthdate:  \*  
Grade:  \*  
Student ID:

No Immunization Record  
 Inactive  
 Excluded Due to Noncompliance  
 Religious Exemption

### Vaccine Information

DTaP/DTP/Tdap	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DT/Td	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MMR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hep A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hep B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RecombivaxHB®	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Varicella	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hib is required only for children under 5 years of age.							
Hib	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Medical Exemption - Disease History Information

**Exemptions**

Diphtheria     Polio     Measles     Hep A     Hep B     Hib     Varicella  
 Tetanus     Mumps     Rubella  
 Pertussis

**Disease History**

Diphtheria     Polio     Measles     Hep A     Hep B    \* Hib     Varicella  
 Tetanus     Mumps     Rubella  
\* Pertussis


\* For Pertussis & Hib - History of disease does not infer immunity. Vaccination is recommended.

### Notes

Child in compliance with state regulations

Additional information available

**Student Information** ⌵

Facility:	^Test School <span style="float: right;">*</span>	 <a href="#">Compliance Status</a>	<input type="checkbox"/> No Immunization Record
First Name:	Princess <span style="float: right;">*</span>		<input type="checkbox"/> Inactive
Last Name:	Charming <span style="float: right;">*</span>		<input type="checkbox"/> Religious Exemption
Birthdate:	02/11/2004 <span style="float: right;">*</span>		
Grade:	1 <span style="float: right;">*</span>		
Student ID:	123470		

**Vaccine Information** ⌵

DTaP/DTP/Tdap	04/27/2004	07/22/2004	09/14/2004	07/21/2007	08/07/2009		
DT/Td							
Polio	04/27/2004	07/22/2004	09/14/2004	08/07/2009			
MMR	07/21/2007	08/07/2009					
Hep A	07/21/2007	08/07/2009					
Hep B	04/27/2004	07/22/2004	09/14/2004	08/07/2009			
RecombivaxHB®							
Varicella	08/07/2009	11/10/2009					

Hib is required only for children under 5 years of age.

Hib	04/27/2004	07/22/2004					
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**Medical Exemption - Disease History Information** ⌵

*Exemptions*

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Polio	<input type="checkbox"/> Measles	<input type="checkbox"/> Hep A	<input type="checkbox"/> Hep B	<input type="checkbox"/> Hib	<input type="checkbox"/> Varicella
<input type="checkbox"/> Tetanus		<input type="checkbox"/> Mumps				
<input type="checkbox"/> Pertussis		<input type="checkbox"/> Rubella				

*Disease History*


<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Polio	<input type="checkbox"/> Measles	<input type="checkbox"/> Hep A	<input type="checkbox"/> Hep B	* Hib	<input type="checkbox"/> Varicella
<input type="checkbox"/> Tetanus		<input type="checkbox"/> Mumps				
* Pertussis		<input type="checkbox"/> Rubella				

\* For Pertussis & Hib - History of disease does not infer immunity. Vaccination is recommended.

**Notes** ⌵

# Child out of compliance with state regulations

**Student Information** ⤴

Facility:	^Test School	*	 <p style="margin-top: 10px;"> <a href="#">Compliance Status</a>  <a href="#">Parent Letter</a>  <a href="#">Exclusion Letter</a> </p>	
First Name:	Kelly	*		<input type="checkbox"/> No Immunization Record <input type="checkbox"/> Inactive <input type="checkbox"/> Excluded Due to Noncompliance <input type="checkbox"/> Religious Exemption
Last Name:	Kangaroo	*		
Birthdate:	01/01/2005	*		
Grade:	1	*		
Student ID:				

**Vaccine Information** ⤴

DTaP/DTP/Tdap	03/01/2005	05/01/2005	07/01/2005	12/01/2005				!
DT/Td								↓
Polio	03/01/2005	05/01/2005	07/01/2005					
MMR	02/01/2006							!
Hep A	02/01/2006	09/01/2006						
Hep B	01/02/2005	03/01/2005	05/01/2005					
RecombivaxHB®								
Varicella	02/01/2006							!
Hib is required only for children under 5 years of age.								
Hib	03/01/2005	05/01/2005	02/01/2006					

# **Additional Resources Available for End Users**

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- **Parent Letter**
- **Exclusion Letter**
- **Reports**
  - **Exemption/Disease History List**
  - **Immunization History List**
  - **Non-Compliant Child List**
  - **State-Required Annual Report**

# Parent Letter

## Selections

### Parent Letter

Compliance Date: 09/23/2010

Contact Name: Suzy Administrator

Contact Phone: 222-2222

Include Notes:

[View Report](#) [Cancel](#)

## IMPORTANT NOTICE REQUIRING RESPONSE

Date: 09/24/2010

Dear Parent/Guardian of Kelly Kangaroo

DOB: 01/01/2005

Alaska Immunization regulations require receipt of specific vaccines in order to attend school/child care. Our records indicate your child may not be adequately immunized as required by these regulations.

What should you do?

- 1) **TAKE THIS LETTER WITH YOU** when you visit your physician, health department, or clinic. A copy of your child's immunization record as we have it is included on the following page. The compliance message in the immunization record indicates information or doses needed for your child's records.
- 2) Obtain dates of the indicated immunizations or have your child immunized.
- 3) Provide us with a record of the dates for any immunizations received. This must be verified by a medical provider.

If you have questions or need additional information, please call Suzy Administrator at 222-2222.

### A RESPONSE TO THIS LETTER IS REQUIRED.

#### Vaccine

Special note(s) for medical provider:

- Incomplete date(s)/unable to determine proper spacing.
- Date(s) for the dose(s) must be verified by a physician, clinic, or other authorized health care provider.
- Medical exemption/history of disease must be signed by an Alaska-licensed MD, DO, ANP, or PA.
- Medical exemption/documentation of disease history written on or after July 1, 2009 must be recorded on the official State medical exemption/disease history form.
- Minimum age or minimum space requirements are not met, which may reduce the immunization's effectiveness.

Review Date 09/23/2010

Records On File

Vaccine	Medical Exemptions	Disease History
<b>DTP</b>	Dose after 4th birthday overdue; now required.	
DT/Td		
DTaP/DTP/Tdap	03/01/2005, 05/01/2005, 07/01/2005, 12/01/2005	
<b>Polio</b>	Compliant	
Polio	03/01/2005, 05/01/2005, 07/01/2005	
<b>MMR</b>	Dose 2 overdue, now required. (measles only)	
MMR	02/01/2005	
<b>Hep A</b>	Compliant	
Hep A	02/01/2005, 09/01/2005	
<b>Hep B</b>	Compliant	
Hep B	01/02/2005, 03/01/2005, 05/01/2005	
Recombivax HB		
<b>Varicella</b>	Dose 2 overdue, now required.	
Varicella	02/01/2005	
<b>Hib</b>	Compliant	
Hib	03/01/2005, 05/01/2005, 02/01/2006	

# Exclusion Letter

## Selections

### Exclusion Letter

Date of Exclusion:	09/30/2010
Contact Phone:	222-2222
Contact Name:	Suzy Administrator

[View Report](#) [Cancel](#)

## EXCLUSION NOTICE FOR INADEQUATE IMMUNIZATIONS

9/24/2010

Student's Name: Kelly Kangaroo

Dear Parent or Guardian:

According to our records your child has not met all the Alaska Immunization Requirements.

#### Immunization

DTP

MMR

Varicella

#### Noncompliance Message

Dose after 4th birthday overdue; now required.

Dose 2 overdue, now required. (measles only)

Dose 2 overdue, now required.

Your child will be excluded on 09/30/2010 unless we receive from you:

- 1) written documentation from your doctor/clinic listing the date(s) of the required immunization(s) your child has received, or
- 2) a statement from an Alaska-licensed medical doctor (MD), doctor of osteopathy (DO), advanced nurse practitioner (ANP) or physician assistant (PA) stating that immunizations would, in that individual's professional opinion, be injurious to the health of the child or members of the child's family or household.

If we do not receive this information from you before the exclusion date, we will be forced to exclude your child from attendance. We regret that we must take this action, but state regulations require that, to attend our facility, children must be appropriately immunized or have a valid medical or religious exemption. We strictly enforce a "No Shots - No Attendance" policy in accordance with state regulations.

Your child may be readmitted as soon as you present the appropriate record or statement. The required immunizations may be given to your child by your regular health care provider. There is no charge for vaccines administered by the Public Health Department.

If you have any questions, please call Suzy Administrator at 222-2222.

# Reports

## Exemption/ Disease History List

### Self ImmAGE

Children with exemptions

Facility: ^Test School

9/24/2010

Only Active records shown

Name	Grade	Birthdate	Exemptions
test name order, exclu letter 2		03/03/2003	
Cat, Cora	4	01/01/2002	Medical exemption - Hep A
			History of Varicella Medical exemption - Measles Medical exemption - Mumps Medical exemption - Rubella
Adams, Wednesday	6	05/19/1988	
			Medical exemption - Measles Medical exemption - Mumps Medical exemption - Rubella Medical exemption - Varicella
Lizard, Larry	11	05/05/1994	
			History of Varicella
Jay, Jack	12	05/19/1988	
			Medical exemption - Measles Medical exemption - Mumps Medical exemption - Rubella Medical exemption - Varicella

5 children exempted from immunization requirements.

# Reports

## Immunization History List or Non- Compliant Child List

Kangaroo, Kelly		Birthdate	01/01/2005	Grade	1
		Review Date	09/24/2010	Records	On File
<hr/>					
<b>DTP</b>		Dose after 4th birthday overdue; now required.			
	Medical Exemptions	_____	Disease History	_____	_____
	DT/Td	_____			
	DTaP/DTP/Tdap	03/01/2005, 05/01/2005, 07/01/2005, 12/01/2005			
<hr/>					
<b>Polio</b>		Compliant			
	Medical Exemptions	_____	Disease History	_____	_____
	Polio	03/01/2005, 05/01/2005, 07/01/2005			
<hr/>					
<b>MMR</b>		Dose 2 overdue, now required. (measles only)			
	Medical Exemptions	_____	Disease History	_____	_____
	MMR	02/01/2006			
<hr/>					
<b>Hep A</b>		Compliant			
	Medical Exemptions	_____	Disease History	_____	_____
	Hep A	02/01/2006, 09/01/2006			
<hr/>					
<b>Hep B</b>		Compliant			
	Medical Exemptions	_____	Disease History	_____	_____
	Hep B	01/02/2005, 03/01/2005, 05/01/2005			
	Recombivax HB	_____			
<hr/>					
<b>Varicella</b>		Dose 2 overdue, now required.			
	Medical Exemptions	_____	Disease History	_____	_____
	Varicella	02/01/2006			
<hr/>					
<b>Hib</b>		Compliant			
	Medical Exemptions	_____	Disease History	_____	_____
	Hib	03/01/2005, 05/01/2005, 02/01/2006			
<hr/>					

*shown for one child, but both lists include all applicable children in facility*

# State-Required Report: Annual Self Assessment Survey

(automatically populates appropriate fields based on individual child records entered for facility)

## Sample for 1<sup>st</sup> grade

### STATE OF ALASKA ANNUAL IMMUNIZATION SELF-ASSESSMENT SURVEY

9/24/2010

Please mail or fax completed form to: Alaska Immunization Program  
Self-Assessment Survey  
3601 C Street, Suite 540  
Anchorage, AK 99503  
or fax to (907) 561-0847

### ALL FACILITIES COMPLETE THIS SECTION

Facility Name: ^Test School  
 Mailing Address: 123 selfimage Anchorage, AK 99503  
 Physical Address: 123 selfimage Anchorage, AK 99503  
 Contact Name: selfimage  
 Contact Phone: (907) 555-5555  
 Administrator's Name: selfimage  
 Facility Phone: (907) 555-5555

Type of Facility: Public School  
 # of students In K-12: 24  
 Grades: Preschool - 12  
 # of religious exemptions: 0  
 # of medical exemptions: 4

### For schools with children in grade 1

In order to determine if a child is in compliance with Alaska immunization regulations, you must consider:

- \* the child's age
- \* whether the child attends school (K-12) or a licensed Child Care facility/certified Preschool/Head Start program
- \* whether the child's vaccine history indicates:
  - (a) verification by a medical provider
  - (b) complete dates for all doses received
  - (c) sufficient spacing between doses

Guidance on compliance issues may be found in the 2009-2010 Alaska School and Child Care Immunization Compliance Packet. The manual may be obtained from the Alaska Immunization Program or found on the Web at: [www.epi.alaska.gov/immunize](http://www.epi.alaska.gov/immunize).

(1) TOTAL NUMBER of children in grade 1:	3
(2) NUMBER of these children with immunization records available for review?	3
(3) Overall Compliance	
NUMBER of children COMPLIANT with Alaska immunization requirements?	1
NUMBER of children NONCOMPLIANT with Alaska immunization requirements?	2
Total	3
(4) Compliance for Specific Vaccines	
Number of children compliant for:	
DTP/DTaP/DT/Td/Tdap	2
Polio	2
MMR	1
Hep A	2
Hep B	2
Varicella	1
(5) Exemptions	
Number of children with religious exemptions?	0
Number of children with medical exemptions?	0



# Results

## In facilities where used:

- On-site audits indicate increased compliance
- Audits easier to conduct
- Accurately completed surveys ↑ 15%



# Results

- **Quicker response from:**
  - **Schools & child care facilities**
  - **Immunization Program**
- **Assists w/ prioritization of site visits**
- **More accurate information (e.g., exemption figures)**
- **Survey fields completed**
- **Improved legibility (easier, more efficient data entry)**



# Improved Communications

## LESS time:

- Spent training on complicated schedules
- Needed to explain non-compliance or spacing issues with medical providers, who recognize letters as state-developed product

## MORE time:

- To discuss other compliance requirements
- To discuss other immunization concerns (e.g., staff/adult immunizations)



# Partnerships/ Public Perception

- Seen as providing valuable tool supporting *their* efforts to comply (not just “enforcement”)
- Users feel “heard” (much of program’s functionality based on user needs & feedback)
- Stronger partnerships
  - Child care licensing (help enforce reqts)
  - Schools (District staff want schools to comply)
  - PHNs (Provides tools they can use in schools w/o trained health personnel & in communities where health care not always available )



# Popularity/ Acceptance

## Since web-based version implemented:

- **Used in over 450 facilities**
  - more than 1/2 of available schools & CCs
  - more than double # users of CD version
- **36 active users in one 20-minute timeframe (IT staff surprised at usage for publicly utilized State appn)**
- **Due to simplicity, CC support program used for basic computer class for staff w/ English as 2<sup>nd</sup> language**



# Overwhelming PR Success

## Pre-School Director

**“This makes things so much easier for us! I remember having to do all of these calculations by hand. Filling out the forms and getting to the end...it was AWFUL!”**

***Note: This provider has been 100% compliant during audits regulations in the 5 years she has been using Self ImmAGE.***



**Interested in learning more?**

<http://www.hss.state.ak.us/apps/sagepublic/>

Immunization Program  
**Self ImmAGE**

**Main**

→ [Start Self ImmAGE](#)  
[Create a Self ImmAGE Account](#)

The State of Alaska

**myAlaska**

**myAlaska Login**

There is one official login page for myAlaska. More information is available on the [FAQ](#).

Username

Password

[Forgot my Username](#)  
[Forgot my Password](#)  
[New User: Register for a myAlaska Account](#)

[Contact us](#) [Help](#) [Privacy Policy](#) [User Agreement](#)

**Username: aim**  
**Password: aimaim**

## Students

Search:

Active Students

Name contains

Grade =

Facility =

\*AIM's School

Search

New Student

[Bunny, Abbie - \(C/H\)](#)

[Bunny, Barbara - \(7\)](#)

[Charming, Prince - \(2\)](#)

[Charming, Princess - \(K\)](#)

[Duck, Vickie - \(10\)](#)

[Dwarf, Doc - \(4\)](#)

[Dwarf, Sleepy - \(3\)](#)

[Dwarf, Sneezy - \(1\)](#)

[Jay, Jack - \(12\)](#)

[Quail, Callie - \(K\)](#)

[Quail, Spike - \(11\)](#)

[Rabbit, Roger - \(6\)](#)

[Robin, Twitter - \(9\)](#)

[Skunk, Flower - \(1\)](#)

[Squirell, Acorn - \(12\)](#)





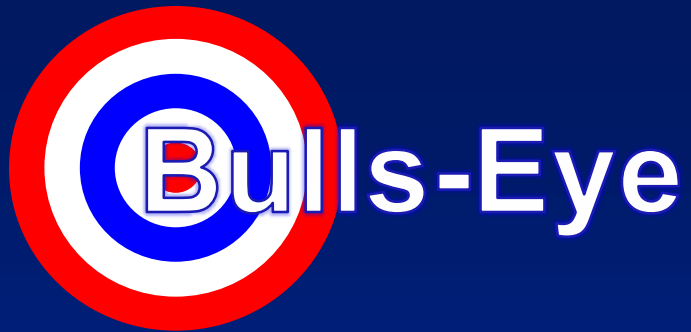
# Information

**Lorraine Alfsen**

**Alaska Immunization Program**

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**(907) 269-8066**



***Thank You***



**Lorraine  
Alfsen**



**Dennis  
Brown**



**Joy  
Bigelow**