Leveraging an IIS to Assist Child Care Centers with their Annual Immunization Report

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Background
Child Care Centers

- 1,600 Minnesota Department of Human Services (DHS) Rule 3 child care centers
- Minnesota Statute (Section 121A.15) requires annual immunization report to Minnesota Department of Health (MDH)
# 2015 Child Care Immunization Report

<table>
<thead>
<tr>
<th>Name of center:</th>
<th>Corrections to mailing label:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Phone number (xxx-xxx-xxxx):</td>
</tr>
<tr>
<td>City, state, ZIP:</td>
<td>DHS License #:</td>
</tr>
</tbody>
</table>

**Person completing report:**

**Title:**

**Center or Director email address:**

Keep a copy for your records.

Complete the following information for all children enrolled in the facility who are 3 months of age or older.

*Fill in the number of children who have received vaccine doses or have provided an exemption for each age group and vaccine (CO=Conscientious exemption, ME=Medical exemption).*  
Children who have exemptions on file should be counted in the CO or ME column regardless of the number of vaccinations they have received.

Children who are “Meet Requirements” have received all of the required vaccinations based on their current age as of October 1, 2015. (See Minimum Immunization Requirements for Child Care handout.)

Children who are “In Progress” have received at minimum 1 dose of vaccine and are in the process of completing the required vaccine series.

The total column for each vaccine should equal the total number of children enrolled for that age group (example at the top of the chart).

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hepatitis B</th>
<th>Hepatitis A</th>
<th>Polio</th>
<th>MMR</th>
<th>Meningitis type B</th>
<th>Tetanus, diphtheria, pertussis (DTP, DTaP)</th>
<th>Influenza</th>
<th>Pneumococcal conjugate vaccine (PCV)</th>
<th>Haemophilus influenza type b (HIb)</th>
<th>Rotavirus</th>
<th>Varicella (Chickenpox)1</th>
<th>Varicella (Gardasil)2</th>
<th>Meningitis type C</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 through 4 months</td>
<td>15</td>
<td>1</td>
<td>3</td>
<td>10</td>
<td>0</td>
<td>15</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>4 through 6 months</td>
<td>10</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>15</td>
<td>10</td>
<td>0</td>
<td>5</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>7 through 15 months</td>
<td>10</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>15</td>
<td>10</td>
<td>0</td>
<td>5</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>16 through 23 months</td>
<td>10</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>15</td>
<td>10</td>
<td>0</td>
<td>5</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>24 months to 5th birthday</td>
<td>10</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>15</td>
<td>10</td>
<td>0</td>
<td>5</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>15</td>
</tr>
</tbody>
</table>

1 Children who are exempt must have a statement on file in accordance with MS121A.15.

2 If a child has already had chickenpox disease, varicella shots are not required. If disease occurred after September 1, 2010, the child’s doctor must sign a form. Children with a history of chickenpox should be counted in the “History of Disease” column.

I hereby certify that the information provided is complete and accurate to the best of my knowledge.

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**Administrator Signature**

**Date**

Return completed form by December 1, 2015 to:

Minnesota Department of Health Immunization Program / Adm. Cu Olson  
P.O. Box 64975  
St. Paul, MN 55164-6975  
health.childrens@state.mn.us  
651-201-5503 or 800-657-3079

(7/2015)
Challenges

- Inefficient process
  - Parents submit paper copies
  - Centers collect paper copies and track when to ask for updated copies
  - MDH collects paper copies and hand-enters into database

- Complex, paper-based form
  - Time and knowledge-intensive
  - Poor data quality
  - Underreporting
Minnesota Immunization Information Connection (MIIC)

- MN’s Immunization Information System (IIS)
- 7.8M clients
- 78M immunizations
- 84 percent of pediatric/family medicine clinics participate
- Weekly vital statistics uploads
Child Care & MIIC

- Child care centers (DHS Rule 3) can access MIIC
- Centers are important non-health organization users
- Read-only role
Vision

- Use MIIC data and tools to assist parents, child cares, and MDH Immunization Program staff in the tracking and reporting process
- Improve immunization coverage in child care settings
- Establish electronic submission of child care immunization information
Pilot Project

- High Risk ZIP Code Project
- 14 interested child care centers

Outreach:
- Phone
- Email

Assistance using MIIC
Results

- **Intervention**
  - 14 centers
    - 11 completed report
    - 3 non-responders
  - Positive feedback on participant experience

- **Control**
  - 9 of 15 centers completed report
Assistance Program
MIIC Changes

- Promoted MIIC as immunization information source for parents and child care centers
- Built child care data collection into MIIC
- Increased child care centers in MIIC
Formal Program

- 2013 statewide expansion
- Program promotion
  - Annual mailing
  - Conferences
  - Child Care Health Consultant Network
Checklist

Using MIIC to Complete the Child Care Immunization Report

Child care centers (DHS Rule 3) can use the Minnesota Immunization Information Connection (MIIC) as a tool to help them complete the annual Minnesota Department of Health (MDH) Child Care Immunization Report.

Use this checklist to get started:

☐ Make sure you are enrolled in MIIC.
   You must have an active MIIC account in order to look up immunization records. If you are not enrolled in MIIC, go to Participating in MIIC (http://www.health.state.mn.us/divs/idep/immunize/registry/who/join.html), complete a Data Use Agreement, and submit your agreement to the MIIC Help Desk at health.michief@state.mn.us. If you are unsure of your enrollment status, contact the MIIC Help Desk for assistance.

☐ Create a list of center enrollees.
   You can use MIIC to create a list of children currently enrolled in your center. You will need this list in order to complete the Child Care Immunization Report. Create a list in MIIC of center enrollees by following the steps at MIIC User Guidance and Training Resources: Using List in MIIC (http://www.health.state.mn.us/divs/idep/immunize/registry/html/list.html).

Note: When naming your list, use the naming convention: ReportYear_ChildCareName. Example: “2010-2015_ChildCare.” This will make it easier for MDH to identify your list.

☐ Check your enrollees’ immunization records in MIIC.
   You can use the Client Follow-up function in MIIC to make sure the MIIC immunization record matches the record you received from the child’s parent/guardian. This is an important step to make sure that your final report reflects your center’s accurate immunization rates. Compare immunization record in MIIC to your center’s records by following the steps at MIIC User Guidance and Training Resources: Using Client Follow-Up (http://www.health.state.mn.us/divs/idep/immunize/registry/html/search.html).

☐ Update your enrollees’ immunization record(s) in MIIC - Optional.
   You may find that an immunization record you receive from a child’s parent does not match their immunization record in MIIC. Some reasons for this include immunizations given in another state, the child’s clinic doesn’t use MIIC, etc.

To update the MIIC immunization record, please send copies of the child care immunization record from the child’s parent/guardian to MDH. Fax these copies with your organization cover sheet to 651-220-
Process Steps

- Make sure you are enrolled in MIIC
- Create a list of center enrollees
- Check your enrollees’ immunization records in MIIC
- Update your enrollees’ immunization record(s) in MIIC
- Request your Child Care Immunization Report from MDH
- Confirm your Child Care Immunization Report
## Status Update

The table below summarizes the status update for the years 2013 to 2015:

<table>
<thead>
<tr>
<th>Year</th>
<th>Participating Centers</th>
<th>Centers Submitted Report</th>
<th>Submission Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>58</td>
<td>57</td>
<td>98%</td>
</tr>
<tr>
<td>2014</td>
<td>77</td>
<td>72</td>
<td>94%</td>
</tr>
<tr>
<td>2015*</td>
<td>99</td>
<td>94</td>
<td>95%</td>
</tr>
</tbody>
</table>

*Current year still in process*
Program Benefits

- Frees up staff time
- Reduces frustration
- Direct access to MIIC records
  - Limits report errors
- Requests to update MIIC records
  - Improves MIIC information
Program Challenges

- Infrequent MIIC use
- High staff turnover
- Persistent training needs
- Limited communication channels
- Policy concerns
Lessons Learned

- Successful collaboration between Immunization Program units is important
  - Identify staff roles and responsibilities
- Use clear and concise communication to child care centers
Future Plans
Future Plans - Short Term

- Update existing resources
- Create new resources
- Improve program visibility among child care centers
- Reach out to regional/national chains
Future Plans - Long Term

- Enhance IIS
  - User-driven report
  - Follow-up capabilities
  - Medical/non-medical exemptions
- Update resources
Special Thanks:

- MDH Education & Partnerships Unit
- MDH MIIC Operations Unit
- MIIC Regional Coordinators
Thank You!

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