



Making the connections Washington families need to be healthy.

A photograph of a smiling woman with long dark hair, a young boy, and a young girl, all smiling and posing outdoors in a grassy field under a clear blue sky. The woman is in the center, with the boy to her left and the girl to her right. The image is partially covered by a dark purple rectangular overlay on the left side, which contains the title text.

Best Practices in Promoting College Immunizations

**Hosted by WithinReach and the Immunization
Action Coalition of Washington (IACW)**

September 19, 2017
11:00 AM – 12:00 PM (PDT)

Webinar Agenda

- Immunization Policies and Practices in Washington's Four-Year Colleges and Universities: **Pat deHart & Leigh Wallis, Washington State Department of Health**
- Using Best Practices to Increase College Student Immunization Rates: **Libby Skiles, Gonzaga University**
- Mumps at UW – The Impact of an Outbreak: **Sheryl Schwartz, University of Washington**
- Q&A

Immunization Practices and Policies in Washington State Four-Year Colleges and Universities 2016



Project

- Collaboration between WA DOH Office of Immunization and Child Profile and WithinReach

M. Patricia deHart, Sc.D.

Sara Jaye Sanford, MPH, CHES

Leigh Wallis, MPH

Todd Faubion, Ph.D.

Purpose

For WA colleges and universities:

- Evaluate immunization requirements, policies, and practices
- Convene stakeholders to review survey findings
- Use findings to explore the need for and effectiveness of immunization initiatives, including:
 - Statewide requirements
 - Education

Background

WA has no state law requiring Prematriculation Immunization Requirements (PIRs).

WA Meningococcal Vaccine Education Mandate

- July 1, 2004
- Four-year colleges providing on-campus or group housing must give information on meningococcal disease to each enrolled first-time student.
- Community and technical colleges only have to provide information to students being offered on-campus housing.

Methods

- Web-based survey conducted in 2016
- 24 four-year colleges and universities in Washington surveyed

Results

- Response Rate: 100% (N=24)
 - 1/3 Public (N=8)
 - 2/3 Private (N=16)
- Size Range: 200-25,000 undergraduates
15-14,000 graduate students
- 21 have on-campus housing

Results

- 19 (79%) had some immunization **requirements**
 - Measles most common, followed by hepatitis B
- 18 (95%) imposed sanctions
 - Most frequent: not allowed to register (68%) and restricted clinical activities (50%)

Results

- 16 (2/3) had some prematriculation immunization **recommendations** for all students
 - Men ACWY most common, followed by hepatitis B
- 15 (63%) reported compliance with WA's meningococcal education mandate

WA Immunization Information System

- 19 (79%) institutions maintained student immunization/immunity information
- High interest/low use of the IIS among colleges. Only 4 institutions reported using the IIS.
- If your college is interested in using the IIS, there are three criteria:
 - Organization must have a licensed health care professional
 - Signed information sharing agreement
 - All users must have their own account to log in

Results

- We also asked: “Do you think that the state should require students entering colleges and universities to receive any vaccinations?”
 - 19 (79%) responded “Yes”
 - With 2 adding that exemptions should be allowed
 - 3 responded “Unsure”
 - 2 did not answer

Post-Survey Activities

1. Follow-up meeting with colleges & universities
2. New DOH webpage: For College Students and Administrators
www.doh.wa.gov/YouandYourFamily/Immunization/CollegeStudents
3. Outreach to colleges about IIS via follow-up email
4. DOH is promoting the Alana Yaksich National College/University Flu Vaccination Challenge
www.alanasfoundation.org/national-challenge
5. New! Nadia's Story added to DOH college webpage
<http://www.doh.wa.gov/YouandYourFamily/Immunization/CollegeStudents/NadiasStory>

A Washington mom's message about meningococcal disease

“Through this horrendous experience of seeing my child suffer and then die, I must do something. My dream is to help just ONE CHILD and their family not go through this devastating disease. I must try to help eliminate meningitis from the face of the earth! We must work together!” —Karin Willett

Read [Nadia's Story](#) and make sure you get vaccinated against meningococcal disease.

[Facebook](#)



Resources

IIS Enrollment

[Getting access to the IIS](#)

IIS Questions & Assistance

1-800-325-5599

WAIISHelpDesk@doh.wa.gov

Request IIS Training

IIS.Training@doh.wa.gov

IIS Training Resources

www.doh.wa.gov/trainingIIS

Recorded IIS Monthly Webinars

Visit the IIS YouTube Channel [here](#)

IIS Newsletter

[Subscribe](#)

Thank You!

For questions or comments
please contact:

Pat deHart

Epidemiologist

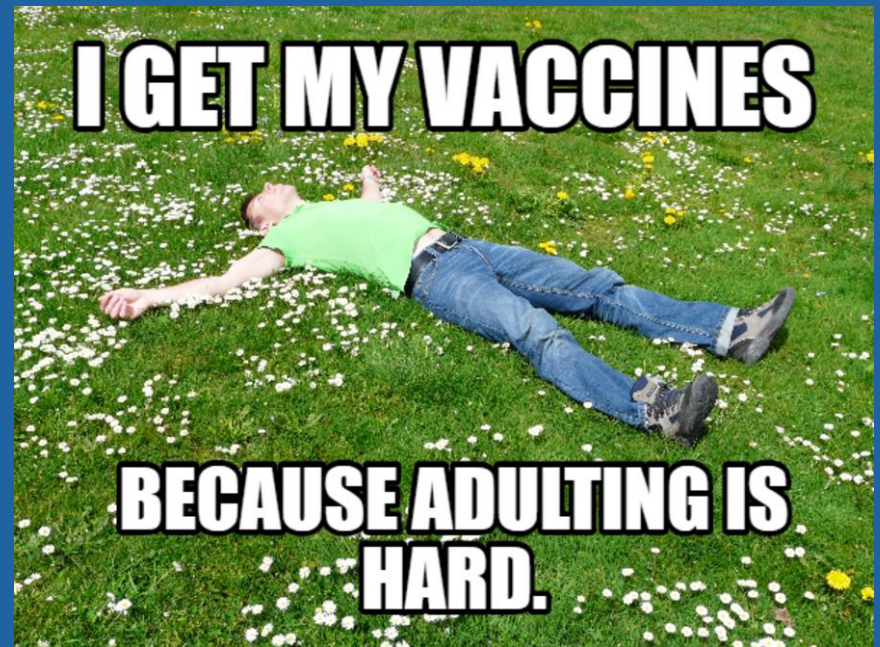
pat.dehart@doh.wa.gov

Leigh Wallis

Adult Immunizations

Health Educator

leigh.wallis@doh.wa.gov



— September 2017 —

Immunizations at GU: Ongoing Process Improvement to Increase Student Immunization Rates



Mandatory Immunization Requirement

- Require proof of measles immunity
 - 2 doses of measles vaccine or titer
- Strongly recommend immunizations in accordance with ACHA's Recommendation for Institutional Prematriculation Immunizations

History & Context

- Health Center administration change in June 2014
- Began reviewing our compliance with our mandatory requirement in September
- Findings
 - More than 400 students had been attending class w/o meeting the requirement
 - Nearly 200 students had filed waivers
 - Most because they “couldn’t find their records” or “mom would send them soon”

History & Context

- Health Center administration change in June 2014
- Began reviewing our compliance with our mandatory requirement in September
- Findings
 - Hundreds of students had been attending class w/o meeting the requirement
 - Nearly 200 students had filed waivers
 - Most because they “couldn’t find their records” or “mom would send them soon”



MANDATORY PROOF OF IMMUNIZATION

Last Name (Please Print)	First Name	M.I.
Permanent Address (Street Address or PO, City, State, Zip)		Phone Number
Date of Birth		Gonzaga University ID Number
I will begin classes (circle one): Fall Semester OR Spring Semester OR Summer Session of School year _____		

Measles can be a serious and life threatening illness. As a public health measure and in accordance with the Centers for Disease Control guidelines, the University requires verification of measles (Rubeola) immunity for all students born after December 31, 1956. You may not be permitted to register for courses without proof of measles (Rubeola) immunity at the Gonzaga University Health Center.

Proof of immunity means:

1. Two doses of measles (Rubeola) vaccine received after one year of age, at least one month apart, or
2. A blood test showing measles (Rubeola) immunity, or
3. Diagnosed measles (Rubeola) disease (health care provider's signature required).

Acceptable documentation is (copies only, please keep your originals):

1. School Certificate of Immunization, or
2. Official immunization records from your health care provider or public health department, or
3. Copy of your immunization card, or
4. Copy of your military immunization record, or
5. This form completed and signed by your health care provider.

Please fill in ONE of the following:

1. Measles (Rubeola) vaccine (may be MMR, MR, M).
Two doses of measles (Rubeola) vaccine received after one year of age, at least one month apart
#1 date ____/____/____ #2 date ____/____/____
2. OR Measles (Rubeola) disease. Date of diagnosis: ____/____/____
3. OR Measles (Rubeola) immune titer. Immunity Adequate? YES ☐ NO ☐ Date ____/____/____
4. OR Medical exemption. I certify that the person named above has a medical reason not to have the measles vaccine.
Reason: _____

Health Care Provider's Name

Health Care Provider's Signature

Date

Signature NOT required if you have immunization documents attached.

If you have reason to be exempt on religious or personal grounds, please call Gonzaga University Health Center at 509-313-4066.

Return a copy of your official records and this form to:

Gonzaga University Health Center
502 E. Boone Ave., MSC Box 2506
Spokane, WA 99258-2506

FAX: 509-313-5516

QUESTIONS??

Please call 509-313-4066



Greetings From The Health Center:

Welcome! We are a campus medical clinic for Gonzaga students. All Gonzaga students are eligible and no insurance is necessary. We are located at 704 E. Sharp (corner of Sharp and Dakota). Our hours are 8:00am to 11:45am and 1:00pm to 5:00pm Monday through Friday during the academic year. Tuesdays we open at 10:00am. If you visit the Health Center or another health care facility you or your insurance plan is responsible for the fees incurred. An insurance plan provided by Gonzaga is available in the Student Accounts office.

Please complete this form and return it to the Health Center as soon as possible (Remember—failure to provide the MMR (Rubeola) information could impact your ability to register for classes.)

MENINGOCOCCAL IMMUNIZATION INFORMATION

ALL FIRST-TIME STUDENTS MUST READ AND ACKNOWLEDGE.

House Bill 1827 enacted by the legislature of the State of Washington requires that all degree-granting institutions inform students of the following:

1. Students living in residence halls are at a slightly increased risk for bacterial meningitis;
2. Bacterial meningitis is a deadly disease, sometimes within hours after the first symptoms. The symptoms are flu-like such as fever, severe headache, neck stiffness, nausea and vomiting, sensitivity to light, and lethargy. Immediate medical care is needed if two or more of these symptoms occur at one time.
3. A safe vaccine exists that can reduce the risk. Please consult with your doctor, your county health clinic, or come to the Health Center for a vaccination.

Insurance

PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM.

Since students are responsible for all medical charges made by the Health Center or another health care provider, it is reasonable, responsible and prudent to have a major medical plan. It may be a requirement to matriculate. There is an automatic accident plan for every student.

- Make sure your insurance company covers your student "out of area."
- If not, consider a supplemental policy or purchase the Student Injury and Sickness plan offered through Gonzaga by a private insurance carrier.
- In the Health Center, charges may be billed to a student through Student Accounts which are often then billed to their home address.
- The Health Center does not bill insurance. We do provide a Fee Slip that is specifically designed to be submitted to insurance companies.
- These Fee Slips may be submitted to their private insurance plan to either help meet deductibles or to seek reimbursement either by the student or their parents.

International Students - You must provide proof of basic and major medical health and accident insurance or you will be required to purchase a policy provided through Gonzaga by a private insurance carrier. You may contact the International Student Programs office at 509-313-6562.

The TREATMENT AUTHORIZATION below must be signed by a parent or guardian ONLY IF STUDENT IS UNDER 18.

Medical and Surgical Authorization:

I hereby authorize and give my consent to the Health Center authorities of Gonzaga University to perform upon or administer to _____ any necessary medical or surgical treatment while attending this University. This authorization does not entitle the Health Center to render any medical or surgical treatment without the student's personal consent.
Signature _____ Date _____
Relation to Student _____ Phone _____
Address _____

Emergency Contact for _____:

(Enter student name here)

Name _____ Phone Number _____ Address _____

Any Allergies? _____ If reaction, what kind? _____

Disabilities? _____

If so, please contact D.R.E.A.M. (Disability Resources, Education & Access Management) at (509) 313-4134.

Mental Health Concerns? _____

Chronic health problems, illness, or injury? _____

Medications presently taking? _____

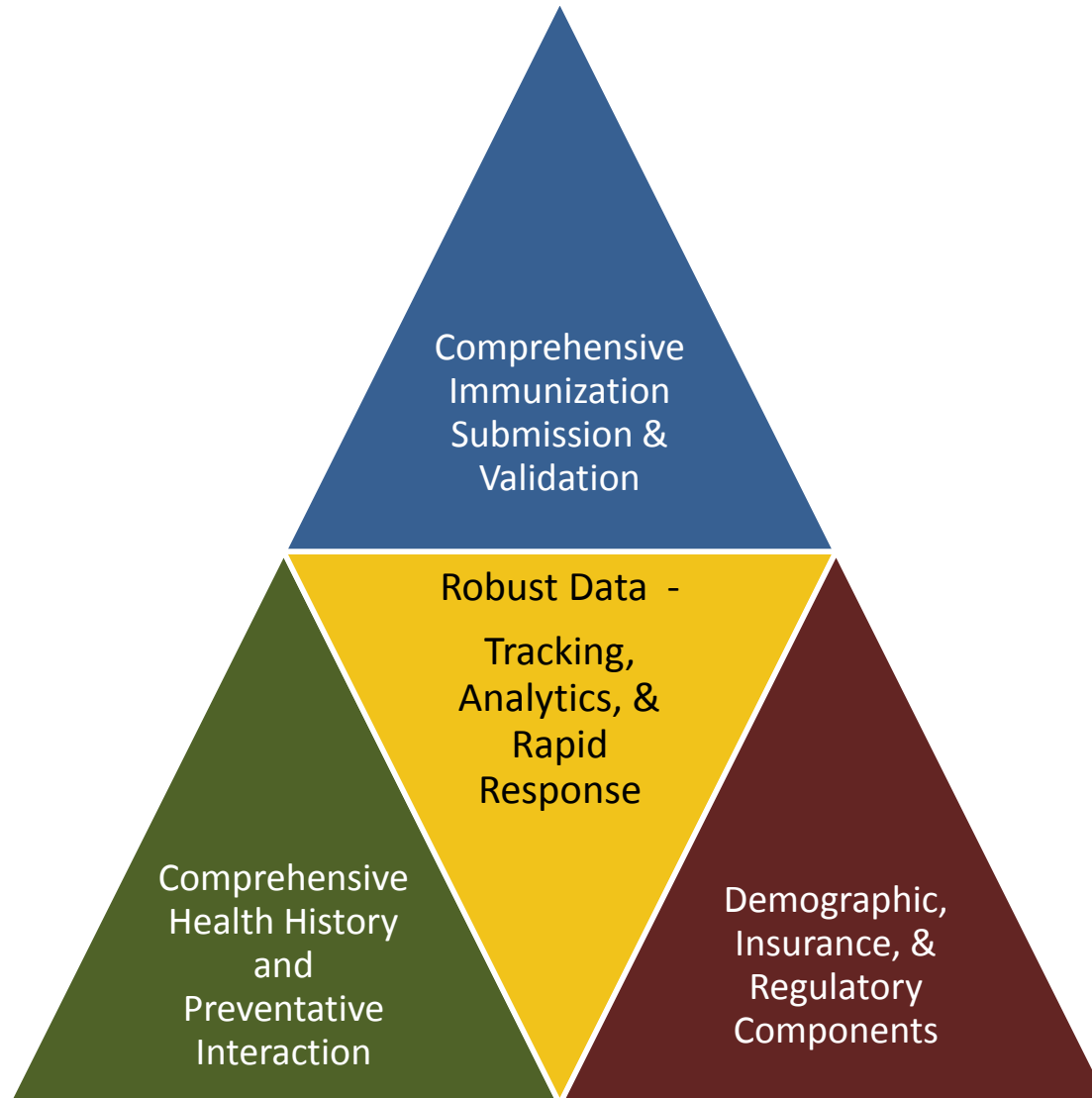
Revised 6/2012 ile

2015 – Process Improvement Begins

Identified opportunities:

- Almost no health history for students
 - Student struggled to articulate their history during appointments
- More than 50% of our undergraduate population studies abroad
 - We had no imms to do their health clearance
- Multiple communicable disease outbreaks and exposures
 - Had to chase imm records as issues came up

2015 – Process Improvement Begins



2015 – First Draft Solution

Four part process change:

1. Complete form overhaul
2. Addition of a health history
3. Partial immunization history required
4. Implementation of a Nurse Reviewed Exemption process

Student Health Center
502 East Boone Avenue
Spokane, WA 99258-2506
509.313.4068 direct
509.313.5516 fax
studenthealth@gonzaga.edu



Welcome from all of us at the Gonzaga University Student Health Center!

This packet contains important information about the healthcare services we provide at Gonzaga University as well as some forms for you to fill out so that we can best care for you. Please be sure to return your completed forms to the Student Health Center by August 1.

As you review this information and complete these forms, please let us know if you have any questions.

Sincerely,

Libby Skiles
Director, Student Health Center

New Student Medical Forms

There are a few different medical forms that you will need to fill out and return to the Student Health Center. This information will assist our healthcare professionals in managing any medical illnesses or injuries you may experience while at Gonzaga.

Forms may be returned via the enclosed prepaid envelope, scanned and emailed to studenthealth@gonzaga.edu or faxed to the Student Health Center at (509) 313-5516. **Failure to return these forms by August 1 will impact your ability to register for classes.** The forms include:

- 1. Patient Information.** In addition to the information requested on this form, please include a copy (front and back) of your insurance card.
- 2. Treatment Authorization for Minors.** If you are going to be under the age of 18 when you arrive at Gonzaga, the Student Health Center requires a parent or guardian to sign the Treatment Authorization section of the Patient Information form.
- 3. Health History.** We ask that you complete this form as accurately as possible to let us know of any ongoing health concerns you may have.
- 4. Meningitis and HPV Acknowledgement.** Washington State law requires that all students be informed about meningitis and human papillomavirus, including causes, symptoms, and vaccinations.
- 5. Immunization History.** Gonzaga requires verification of measles (Rubeola) immunity for all students. Please provide your full immunization history with special attention to the measles requirement.

Healthcare Services and Charges

Our healthcare services are available to all Gonzaga University students, regardless of insurance provider. There is a minimal cost to see our Board Certified Family Medicine Physician or Advanced Registered Nurse Practitioners. Students may pay cash, credit, or charge this amount to their student account. There may be an occasional need for diagnostic tests that cannot be performed in the Student Health Center. We strongly encourage students to have medical insurance to cover these costs.

Student Health Center — New Student Medical Forms



PATIENT INFORMATION

STUDENT INFORMATION

Name: _____ Date of Birth: ____/____/____
Zag ID#: _____ Sex: _____
Phone: _____ E-mail: _____
Semester and year of enrollment (e.g. Fall 2015): _____
Student Status: ☐ Undergrad ☐ Grad ☐ Law ☐ Doctoral ☐ ESL ☐ International
Will you be participating in: ☐ ROTC ☐ Athletics

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Home Phone: _____ Cell phone: _____
Address: _____

HEALTH INSURANCE

The Student Health Center does not bill insurance. We do provide a fee slip that is specifically designed to be submitted to insurance companies for reimbursement of expenses.

As students are responsible for all medical charges incurred with the Student Health Center or any other healthcare providers, we strongly recommend students have a health insurance plan. While all students are automatically enrolled in a Student Accidental Injury Insurance Plan, this coverage only extends to accidental injuries.

If you have a health insurance plan in place, notify your provider that your student will be at Gonzaga. If your plan will not cover your student at Gonzaga, consider a supplemental policy.

If you do not have health insurance, review your options at gonzaga.edu/studentinsurance.

Insurance company name: _____ ID #: _____
Subscriber's Name: _____ Group #: _____

** Please include a copy (front and back) of your insurance card with this form. **

TREATMENT AUTHORIZATION FOR MINOR STUDENTS

If you will be under 18 when you start at Gonzaga, a parent or guardian must sign the below authorization in order for the Student Health Center to provide care while you are a minor.

I hereby authorize and give my consent to the Student Health Center authorities at Gonzaga University to perform upon or administer to _____ any necessary medical or surgical treatment while attending this University. This authorization does not entitle the Student Health Center to render any treatment without the student's personal consent.

Signature: _____ Date: _____
Relation to student: _____ Phone: _____
Address: _____



PERSONAL AND FAMILY HEALTH HISTORY

STUDENT INFORMATION

Name: _____ Date of Birth: ____/____/____
 Zag ID#: _____ Sex: _____

Please mark (X) in the appropriate space if you or any members of your family have had any of the following:

	You	Family		You	Family
1. Acne/Eczema/Skin Disorder			16. Heart Disease		
2. ADD/ADHD/Learning Disability			17. Hepatitis		
3. Alcohol/Drug Counseling or Treatment			18. High Blood Pressure		
4. Anemia or Blood Condition			19. Immunocompromising Condition/HIV		
5. Arthritis			20. Kidney Disease		
6. Asthma/Lung Disease/Pneumonia			21. Migraines/Frequent/Severe Headaches		
7. Bulimia/Eating Disorder			22. Mobility Limitations		
8. Cancer			23. Mononucleosis		
9. Depression/Anxiety/Psychological Disorder			24. Neurologic Condition		
10. Diabetes			25. Seizure Disorder/Epilepsy		
11. Ear, Nose, or Throat Problems			26. Spinal Injury		
12. Gastrointestinal Disorder			27. Stroke		
13. Gynecologic Problems			28. Thyroid Disorder		
14. Head Injury/Concussion/Loss of Consciousness			29. Tuberculosis		
15. Hearing Loss			30. Vision Impairment		

** If NONE of the above apply, check here: ☐

Explanation for any positive answers (please list by number): _____

Do you have any allergies (medication, food environmental)? ☐ Yes ☐ No

If yes, list and describe reaction: _____

What medications (over the counter and prescription) do you regularly take? _____

Are you seeing physician for any medical condition/problem? ☐ Yes ☐ No

If yes, please list condition and physician's name: _____

Please list types and dates of any hospitalizations and/or surgical operations: _____

Do you need specific medical assistance (e.g. allergy injections, disability accommodations)? ☐ Yes ☐ No

If yes, please list: _____

PLEASE READ AND SIGN

I certify that the information above is complete and accurate.

Student Signature: _____ Date: _____



MENINGITIS AND HPV ACKNOWLEDGEMENT

STUDENT INFORMATION

Name: _____ Date of Birth: ____/____/____

MENINGITIS INFORMATION

Washington State law requires that you be provided with information about the causes, symptoms, and methods of preventing meningococcal disease. As a college student, you need to know about the potentially life-threatening disease caused by meningococcal bacteria.

Meningococcal meningitis affects the brain and spinal cord. It is caused by a group of bacteria that live in the nose and throat. Because it can lead to death within 48 hours, bacterial meningitis requires early diagnosis and treatment. This is often difficult because the symptoms of meningitis closely resemble flu-like symptoms, such as fever, severe headache, neck stiffness, nausea and vomiting, sensitivity to light, and lethargy.

Meningitis is spread through direct contact with infected material, including kissing, coughing, sneezing, or sharing eating or drinking utensils. Studies of outbreaks at colleges and universities suggest that students living in residence halls have a higher risk of contracting this disease because they live and work in close proximity to each other.

A safe vaccine exists that can reduce the risk. Please consult with your doctor or come to the Student Health Center for a vaccination. This vaccination is not required for enrollment at Gonzaga.

HUMAN PAPILLOMAVIRUS (HPV) INFORMATION

Washington State law also requires that we provide information regarding human papillomavirus (HPV) disease and its vaccine.

HPV is a very common virus that is spread through genital contact. There are many types of HPV, and some types can cause cervical cancer or genital warts. Both females and males can get HPV and easily spread it to others without knowing they have it. Most people with HPV have no signs or symptoms.

There is a vaccine that protects against four types of HPV which cause 70 percent of cervical cancers and 90 percent of genital warts.

Please consult with your doctor or come to the Student Health Center for a vaccination. This vaccination is not required for enrollment at Gonzaga.

PLEASE READ AND SIGN

I have read and understand the above information.

Student Signature: _____ Date: _____

IMMUNIZATION HISTORY

STUDENT INFORMATION

Name: _____ Date of Birth: ____/____/____

Semester and year of enrollment (e.g. Fall 2015): _____

MANDATORY VACCINATION FOR ALL STUDENTS

Gonzaga University requires verification of measles immunity for all students. Proof of immunity means:

1. Two doses of measles (Rubeola) vaccine received after one year of age, at least one month apart, or
2. A blood test showing measles (Rubeola) immunity

You may provide proof of immunity by completing the form below or attaching a copy of your immunization record or blood test (titer) results.

Measles vaccine (may be MMR, MR, or M) #1 ____/____/____ #2 ____/____/____
Month Day Year Month Day Year

RECOMMENDED VACCINATIONS

Hepatitis A: #1 ____/____/____ #2 ____/____/____
Month Day Year Month Day YearHepatitis B: #1 ____/____/____ #2 ____/____/____ #3 ____/____/____
Month Day Year Month Day Year Month Day YearHPV (Gardasil): #1 ____/____/____ #2 ____/____/____ #3 ____/____/____
Month Day Year Month Day Year Month Day YearMeningococcal: #1 ____/____/____
Month Day YearPolio: Completed primary series of polio immunization? ☐ Yes ☐ No Date of 5th dose ____/____/____
Month Day YearTdap (Tetanus/diphtheria/pertussis): #1 ____/____/____
Month Day YearVaricella (Chickenpox): Had disease? ☐ Yes ☐ No #1 ____/____/____ #2 ____/____/____
Month Day Year Month Day Year

Other vaccinations (such as typhoid, yellow fever, etc.):

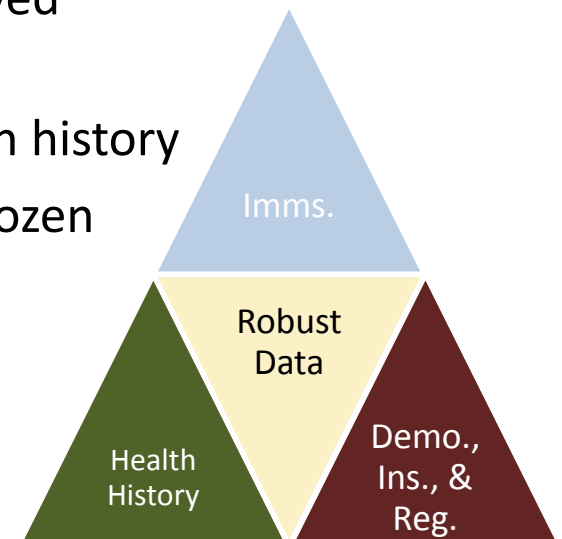
PLEASE READ AND SIGN

I certify that the information above is complete and accurate.

Student Signature: _____ Date: _____

2015 – First Draft Wins

- Much more clarity for students when completing the form
- Robust health histories
 - Parents able to assist first-time students
 - Allowed for aggregate health snapshots
 - Individualized e-mails to students w/specific resources based on their health history
- More complete insurance information and improved regulatory acknowledgment
- Some improvement in robustness of immunization history
- RN waiver review dropped us to less than half a dozen approved waivers



2015 – First Draft Challenges

Measles vaccine (may be MMR, MR, or M) #1 ____/____/____ #2 ____/____/____
Month Day Year Month Day Year

RECOMMENDED VACCINATIONS

Hepatitis A: #1 ____/____/____ #2 ____/____/____
Month Day Year Month Day Year

Hepatitis B: #1 ____/____/____ #2 ____/____/____ #3 ____/____/____
Month Day Year Month Day Year Month Day Year

HPV (Gardasil): #1 ____/____/____ #2 ____/____/____ #3 ____/____/____
Month Day Year Month Day Year

Meningococcal: #1 ____/____/____
Month Day Year

Polio: Completed primary series of polio immunization? ☐ Yes ☐ No Date of 5th dose ____/____/____
Month Day Year

Tdap (Tetanus/diphtheria/pertussis): #1 ____/____/____
Month Day Year

Varicella (Chickenpox): Had disease? ☐ Yes ☐ No #1 ____/____/____ #2 ____/____/____
Month Day Year Month Day Year

Other vaccinations (such as typhoid, yellow fever, etc.):

PLEASE READ AND SIGN

I certify that the information above is complete and accurate.

Student Signature: _____ Date: _____

A LOT of data entry issues!

Not enough places to list imms

Asking for last dose or student to verify full series

Dtap and Tdap confused everyone

2016 – Draft #2

Two primary process changes:

- Update of immunizations requesting full immunization details
- Implementation of a nurse review process
 - Forms received by admin team and reviewed for completeness
 - RN reviews all immunizations and makes recommendations based on current ACHA recommendations
 - Admin team sends e-mail to student confirming receipt of all required information or missing information
 - Includes list of immunizations recommended by RN

IMMUNIZATION HISTORY

STUDENT INFORMATION

Name: _____ Date of Birth: ____/____/____

MANDATORY VACCINATION FOR ALL STUDENTS

Gonzaga University requires verification of measles immunity for all students. Proof of immunity means:

1. Two doses of measles (Rubeola) vaccine received after one year of age, at least one month apart, or
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You may provide proof of immunity by completing the form below or attaching a copy of your immunization record or blood test (titer) results.

 Measles vaccine (may be MMR, MR, or M) #1 ____/____/____ #2 ____/____/____
Month Day Year Month Day Year

RECOMMENDED VACCINATIONS

 Hepatitis A: #1 ____/____/____ #2 ____/____/____
Month Day Year Month Day Year

 Hepatitis B: #1 ____/____/____ #2 ____/____/____ #3 ____/____/____
Month Day Year Month Day Year Month Day Year

 HPV (Gardasil): #1 ____/____/____ #2 ____/____/____ #3 ____/____/____
Month Day Year Month Day Year Month Day Year

 Meningococcal: #1 ____/____/____ #2 ____/____/____
Month Day Year Month Day Year

 Meningococcal B (MenB)*: #1 ____/____/____ #2 ____/____/____ #3 ____/____/____
Month Day Year Month Day Year Month Day Year

*Bexsero is a 2 dose series while Trumenba is a 3 dose series.

 Polio**: #1 ____/____/____ #2 ____/____/____ #3 ____/____/____ #4 ____/____/____ #5 ____/____/____
Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year

**4 doses of Inactivated Polio Vaccine (IPV) or 5 doses of Oral Polio Vaccine (OPV) recommended by age 6.

 DTaP***: #1 ____/____/____ #2 ____/____/____ #3 ____/____/____ #4 ____/____/____ #5 ____/____/____
Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year

***5 doses of Diphtheria-Tetanus-Pertussis recommended by age 6.

 Tdap (Tetanus/diphtheria/pertussis): #1 ____/____/____
Month Day Year

 Varicella (Chickenpox): Had disease? ☐ Yes ☐ No #1 ____/____/____ #2 ____/____/____
Month Day Year Month Day Year

PLEASE READ AND SIGN

I certify that the information above is complete and accurate.

 Student Signature: _____ Date: _____
(Hand-written signature only)

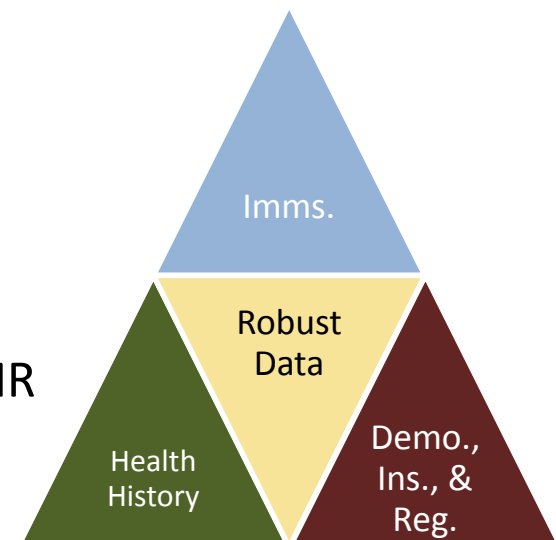
2016 – Draft #2 Wins & Challenges

Wins

- Significantly improved robustness in immunization information
- Better data than previous years re: imms
- RN imms review resulted in increased immunization rates
 - Students and parents were shocked they were off-schedule, incomplete, or did not have recommended vaccines

Challenges

- Continued data entry issues
- Still difficult to quickly capture imms data and respond
- Time intensive for staff
 - Paper form required manual data entry into EMR



2017 – Draft #3

- Conversion of entire process to online entry
 - Medica EMR / patient portal
- New immunization records requirement
 - No imms verified without a primary source document
- Addition of a Resilience & Transitions Self-Assessment tool for first-time undergrads



Welcome to Gonzaga University's Online Wellness Portal

In this portal, you will have access to a number of online services that can be accessed via the tabs at the top of the page.

New Student Health Forms

To complete your New Student Health Forms process, please complete these required tasks under each of the following tabs:

- Immunizations -- Input immunizations
- Insurance - Input health insurance information and upload photos of your card(s)
- Forms -- Complete all required forms
- Upload -- Upload required supporting documents
- Edit your profile information
 - Click on your name in the upper right hand corner and Edit Your Profile to ensure we have your contact info. (Note: Do not include dashes or other symbols when entering your phone number. This will cause an error.)

Please note: this documentation requires the electronic signature of the student and MUST BE COMPLETED BY THE STUDENT THEMSELVES. We welcome parents to assist in this process, but the actual completion of these forms must be done by the student.

If you have any questions, you can e-mail our staff via the Messages tab, call us at 509-313-4053, or e-mail studenthealth@gonzaga.edu from your Zgmail.

A Note about Data Security:

We are committed to protecting your personal information. Data that you provide cannot be viewed by anyone else on the Web and is securely maintained by industry standard SSL (secure socket layer) encryption and decryption technology when needed. We do not share your information with anyone else.

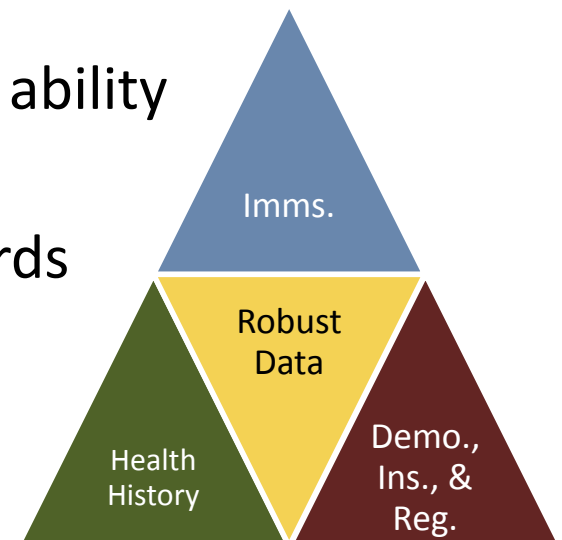
To Do List



2017 – Draft #3 Wins

Wins

- Improved immunization data and accuracy
- Easier capturing of communication to student
 - Automatically copied into their chart
- All data is automatically captured in student's chart
 - Holy Health History, Batman!
- Significant increase in data robustness and ability to run reports instantly
- Students can now pull their own imm records
 - Huge timesaver for staff!
- Ability to quickly send resource e-mails to students based on health conditions



Search 12615

Picture



Open Notes (0)

New

- Clinical Note
- Progress Note
- Secure Message
- Freetext Note
- Form
- Today's Visit

Chart

- Patient Summary**
- All Notes
- Prior Visits Summary
- Vitals Hx
- Orders/Results
- Med Admin
- Appointment Hx
- Flow Sheets

Summary Detail

- Allergies (2)
- Alerts (26)
- Self Reported Allergies (1)
- Immunizations (22)

Elizabeth Skiles (Libby) - 17 yr 4 mo Female - Identifies as Female - She, her, her/hers, herself

Eligibility Not Eligible **Insurance** ADAC **Other ID** 88961279 **Phone** (509)111-2222 **DOB** 4/23/00 **Chart** Not Available **Email** skiles@gonzaga.edu
Last Visit 2/24/17 for Self-Care Store with Ticker
Unread Results
Immunizations [08/30/17] No Missing Immunizations **Future Appts**
Future Orders
Reminders

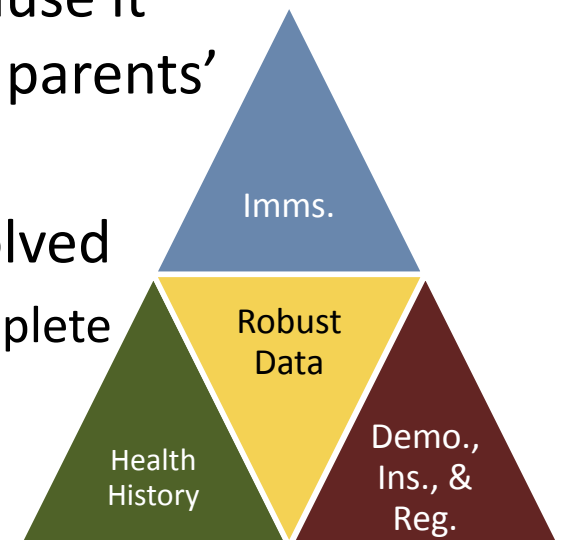
DOS From	Description	DOS From	Description
Allergies		Alerts	
Apr-04-2017	*No known drug allergies -	Jun-12-2017	Test For Repeat SCPM Messages
Self Reported Allergies		May-23-2017	New Student Forms - Only 1 MMR
May-21-2017	*Self Reported Allergies: Amox	May-23-2017	New Student Forms - Missing Health History
Current Medications		May-23-2017	New Student Forms - Only 1 MMR
No Entry	No Entry	Immunizations [Status: Compliant, Not Verified]	
Self Reported Medications		May-25-2017	*Immunization Records
Jun-08-2017	*Self Reported Medications: anti-depressants	May-25-2017	*Immunization Records
Diagnosis \ Acute Problems		May-25-2017	*Immunization Records
May-12-2017	Chronic fatigue, unspecified [2]	May-23-2017	Hepatitis B Vaccine
Pathology and Laboratory		Insurance Documents	
May-12-2017	CT/CG (APTIMA)	Mar-08-2017	*Back Of Card
May-12-2017	HSV 1/2 DETECT/DIFF (RT-PCR)	Mar-08-2017	*Back Of Card
May-12-2017	TREPONEMA PALLIDUM AB RFLX	Medical History	
May-12-2017	VAGINAL PATHOGENS (DNA PROBE) Until 4/11/17	May-21-2017	*ADHD / Learning Disability: ADHD
Radiology		May-21-2017	*Acne, Eczema, Skin Disorder: Acne x 3 years
No Entry	No Entry	Social History	
Referrals Medical		No Entry	No Entry
No Entry	No Entry	Family History	
Counseling Old Paper Chart		May-21-2017	*Cancer: breast - grandmother
No Entry	No Entry	Scanned Documents	
Referrals Counseling		May-15-2017	*Signed Authorization For Treatment Of Minors
Apr-04-2017	Counseling - Referrals To Off Campus Partners	May-15-2017	*Signed Authorization For Treatment Of Minors
		Old Paper Chart	
		No Entry	No Entry
		Counseling Scanned Documents	
		No Entry	No Entry

Not a real patient.

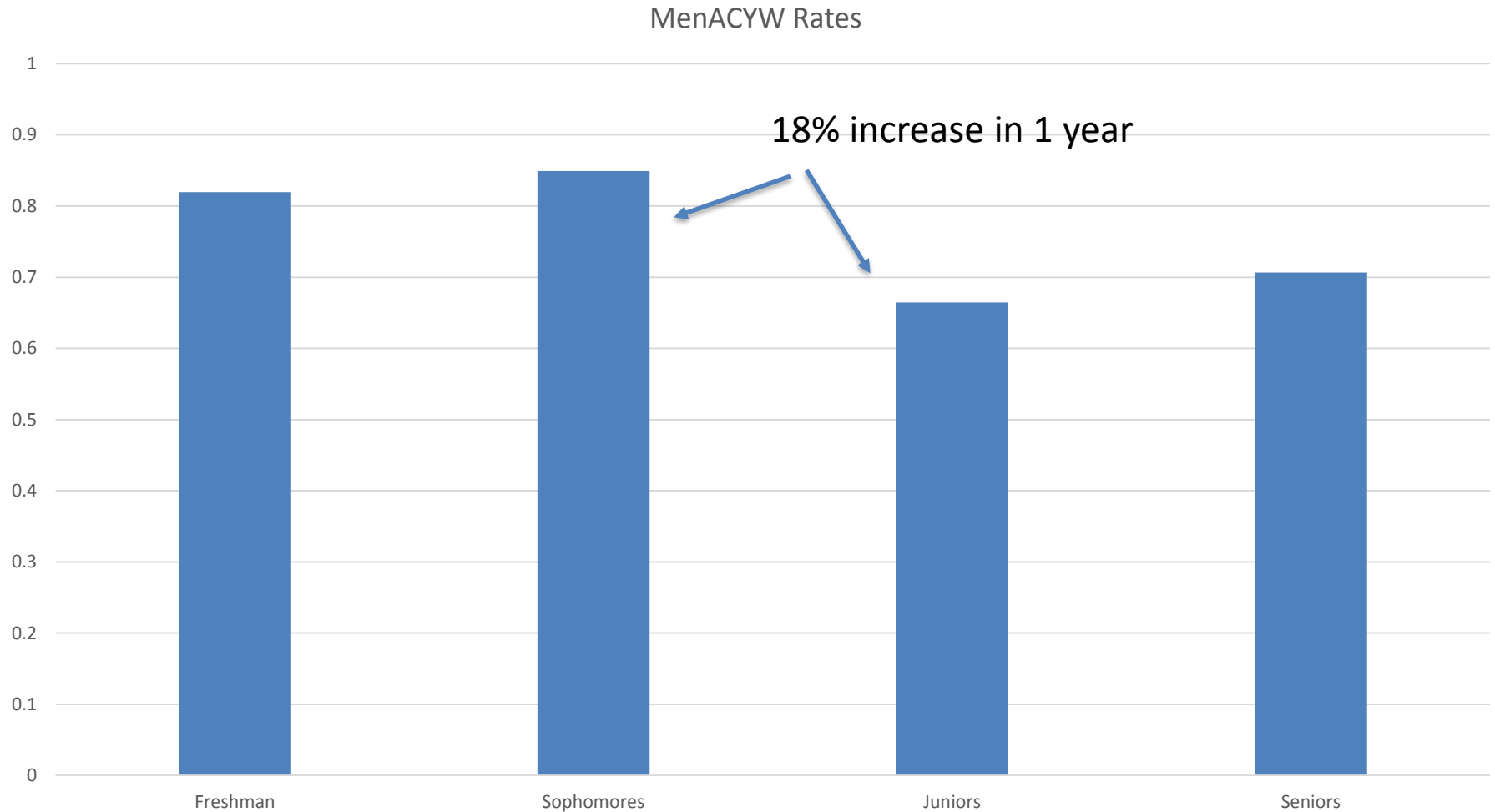
2017 – Draft #3 Challenges

Challenges

- Multiple technical challenges and quirks involved in transitioning to a new system
- Making GU system talk with Medicat system for students who hadn't yet started
- Students had to take more ownership because it wasn't physically in their hands (or in their parents' hands)
- In some ways, increased student work involved
 - Had to follow instructions of the 5 steps to complete instead of just flipping the page and being presented with the next step

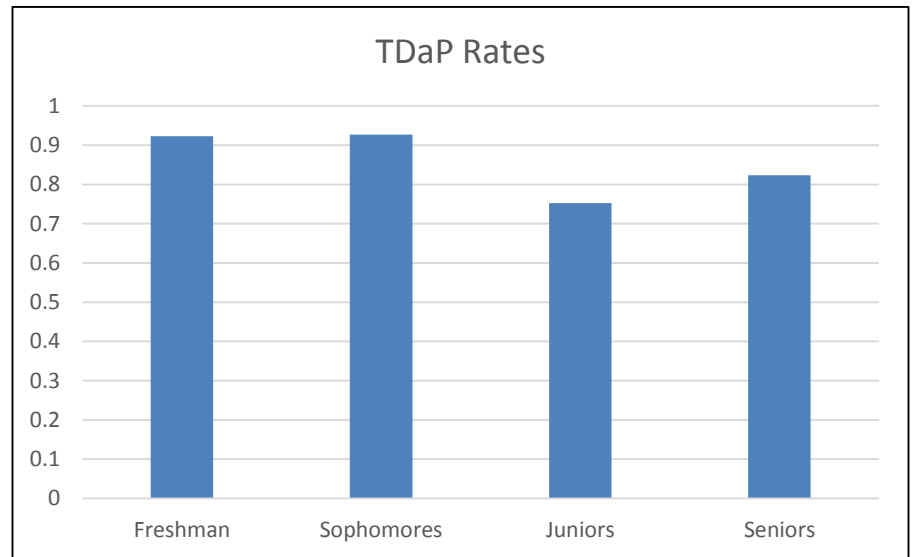
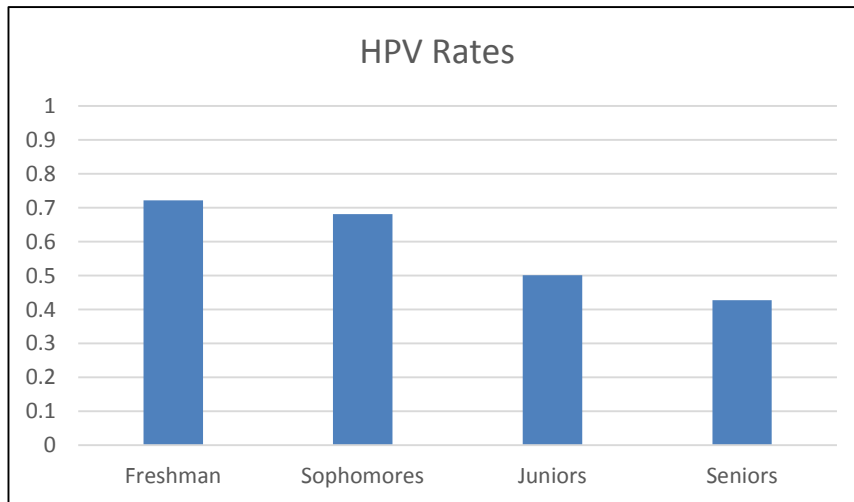
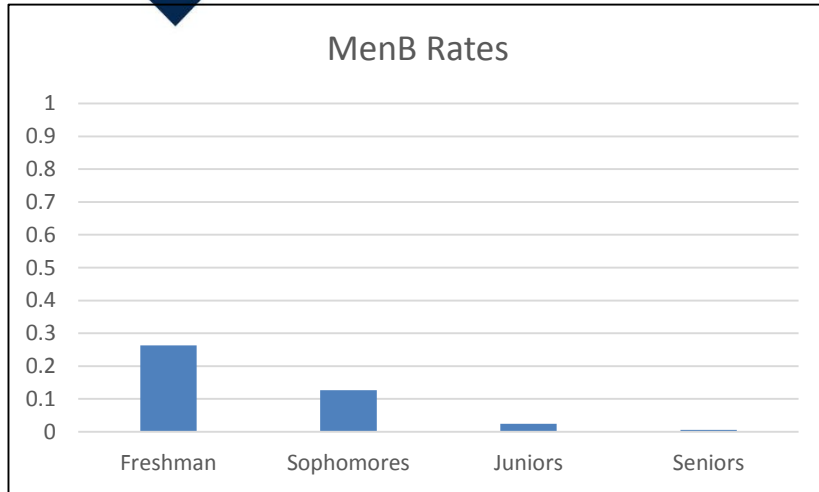


Quantitative Outcomes



Data is for performance improvement purposes. Not for distribution.

Quantitative Outcomes cont.



Other helpful factors

- Data reflects both students who have completed as well as students who are in process of a vaccination series
- Environmental factors have contributed to the increase
 - More MD offices on EMRs that help them identify vaccination gaps
 - Communicable disease outbreaks resulting in increased attention to vaccination rates
 - Increased data debunking autism / vaccine connection
- MenB released in 2015, and off campus students perceive their risk as reduced

Next steps – Draft #4

- Modification of data entry process for students
 - Streamlining where possible
- Language is key!
 - More specific outlining of 5 primary clearance steps in New Student Checklist
 - Can't call it New Student Health Forms

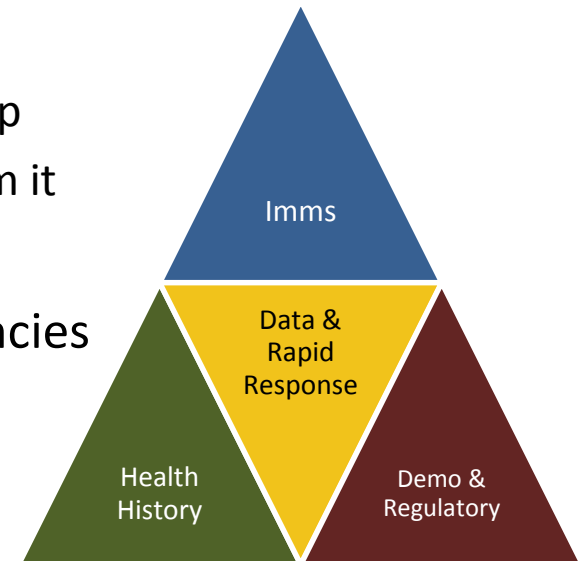


[Home](#) [Appointment](#) [Immunizations](#) [Insurance](#) [Forms](#) [Messages](#) [Education](#) [Upload](#)

- Working with IT to resolve some interface quirks
- Due date movement to give students more time to get additional imms
- Additional student data fields to be able to run improved emergency response reports

Keep in mind...

- Take it one step at a time!
 - There is no way we could have done this in one swoop
 - Select your top priority on the pyramid and build from it
- Outcomes and ability to respond quickly in emergencies makes the case for administration
 - Use that data!
 - This is an investment.
- Parents and students are generally really appreciative of these efforts
 - Coach them to check in with their own MD (who almost always agrees with us)
 - Even if they decide not to get a recommended vaccine, they've made an informed decision



Questions?

Libby Skiles

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UNIVERSITY *of* WASHINGTON

Mumps at UW: The Impact of an Outbreak

Sheryl Schwartz, MPA
Assistant Director for Campus Preventive Health
UW Environmental Health & Safety
September 19, 2017

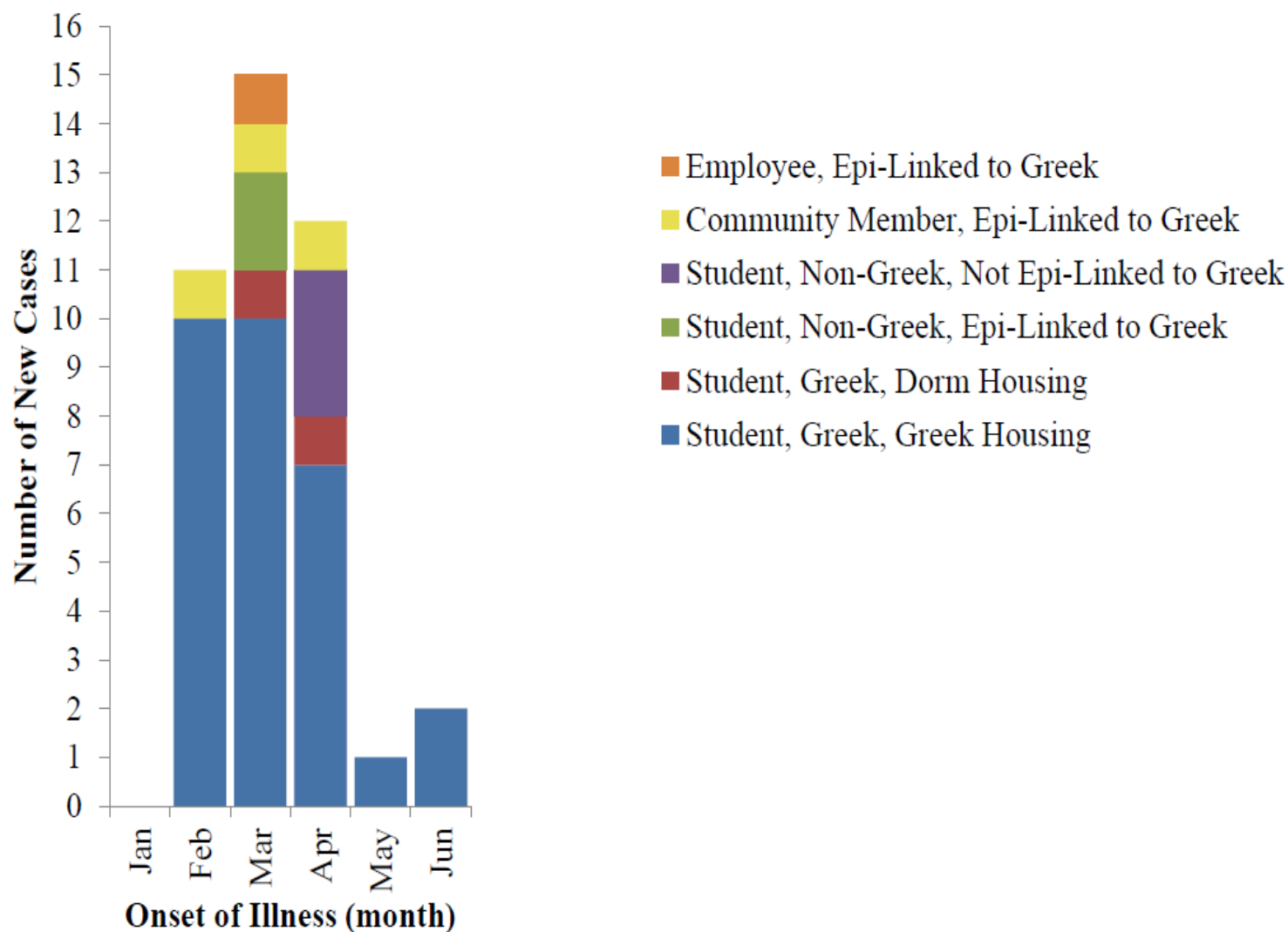


Who, When, and How Many

- 43 mumps cases
- Onset dates: Feb. 6 – June 5
- 32 cases from sorority and fraternity houses
- “Greek houses” are independent
- 99% rate of MMR vaccination
- 7 outbreak-dose MMR vaccination clinics (827)
- Terrific support and guidance from PHSKC!



UW Mumps Cases by Month of Onset



UW Departments Involved

IT TAKES A VILLAGE!

- **Environmental Health & Safety (649 hours)**
- **Hall Health Center (student health center, 556)**
- **Office of Fraternity & Sorority Life (108)**
- **Housing & Food Services (46)**
- **Student Life (3)**
- **Media Relations (16)**
- **Emergency Management (TBD)**
- **Attorney General's Office (44)**
- **Risk Services (2)**



Primary Activities

- Coordination among UW units
- Communicating to campus and Greek houses – meetings, emails, and flyers
- Planning and holding vaccination clinics
- Clinical care at Hall Health
- Managing outbreak information and data



DON'T SWAP SPIT

Avoid sharing items that have touched someone else's mouth, such as cups, utensils, and chapstick

Information from CDC Cost Study

Expense	UW	PHSKC
Labor (salary and fringe)	\$114,942	\$100,926
Vaccine (UW: 581; PHSKC: 246)	\$40,424	\$13,058
Contractor	\$2,250	
Total	\$157,616	\$113,984

Note: UW's labor costs will increase approx. \$3,500, once we finalize UWEM staff hours.





Contact Information

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Questions and Answers

(Please type your questions into the box on the side of your screen if you haven't already).

THANK YOU!



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Register for our upcoming conference, the Washington Vaccine Update, at The Westin Seattle on October 27, 2017!

www.WAVaccineUpdate.Eventbrite.com



Check out our new website!

www.ImmunityCommunityWA.org