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

- 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
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

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<tr>
<th>IIS Enrollment</th>
<th>IIS Training Resources</th>
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<tr>
<td>Getting access to the IIS</td>
<td><a href="http://www.doh.wa.gov/trainingIIS">www.doh.wa.gov/trainingIIS</a></td>
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<tr>
<th>IIS Questions &amp; Assistance</th>
<th>Recorded IIS Monthly Webinars</th>
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<tbody>
<tr>
<td>1-800-325-5599</td>
<td>Visit the IIS YouTube Channel <a href="http://www.doh.wa.gov/trainingIIS">here</a></td>
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<td><a href="mailto:WAIISHelpDesk@doh.wa.gov">WAIISHelpDesk@doh.wa.gov</a></td>
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<tr>
<th>Request IIS Training</th>
<th>IIS Newsletter</th>
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<tr>
<td><a href="mailto:IIS.Training@doh.wa.gov">IIS.Training@doh.wa.gov</a></td>
<td>Subscribe</td>
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</table>
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

I GET MY VACCINES

BECAUSE ADULTING IS HARD.
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:**

**Middle:**

**Permanent Address (Street Address or P.O. City, State, Zip):**

**Phone Number:**

**Date of Birth:**

**Graduation Date:**

**Gonzaga University ID Number:**

I will begin classes (please circle): Fall Semester or Spring Semester or Summer Session of the School year.

**Proof of immunity:**

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

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

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

Please fill in ONE of the following:

1. Measles (Rubella) vaccine (may be MR, MMR, RM):
   - Two doses of measles (Rubella) vaccine received after one year of age, at least one month apart:
     - 1st date: ____________
     - 2nd date: ____________
   - OR Measles (Rubella) disease, date of diagnosis: ____________
   - OR Measles (Rubella) Immune Titer, Immunity Adequate? Yes / No Date ____________
   - OR Medical exemption: I certify that the person above has a medical reason not to have the measles vaccine. Reason: ____________

**Health Care Provider’s Name:** ____________

**Health Care Provider’s Signature:** ____________

**Date:** ____________

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

**QUESTIONS??**

Please call 509-313-4066

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**Gonzaga University Health Center**

502 E. Boone Ave., MSC Box 2506

Spokane, WA 99258-2506

FAX: 509-313-5516

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**Greetings From The Health Center:**

We are a campus medical clinic for Gonzaga students. All Gonzaga students are eligible and no insurance is necessary. We are located at 301 E. Roos (center of campus). Our hours are 8:30am to 11:30am 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 and need health care facilities or your insurance plan is responsible for the fees incurred, an Insurance plan provided by Gonzaga is available in the Student Account Office.

Please complete this form and return it to the Health Center as soon as possible (remember: failure to provide proof of immunity could affect your ability to register for classes).

**Meningococcal Immunization Information**

**ALL FIRST-TIME STUENTS MUST READ AND ACKNOWLEDGE.**

Please read the following information on meningococcal immunization:

- Meningococcal disease is a deadly disease, sometimes within hours after the first symptoms. The symptoms are often 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.
- A safe vaccine exists that can reduce the risk. Please consult with your doctor, your campus 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.
- All students must be insured. We do provide a few slips that are specifically designed to be submitted to insurance companies.
- Students may be submitted to their own insurance plan to either gift help with 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 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 admission 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:** ____________

**Address:** ____________

**Emergency Contact for:** ____________

(Enter student name here):

**Name:** ____________

**Phone Number:** ____________

**Address:** ____________

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**Mandatory Proof of Immunization**

Revised 6/2012
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

- Comprehensive Immunization Submission & Validation
- Robust Data - Tracking, Analytics, & Rapid Response
- Comprehensive Health History and Preventative Interaction
- Demographic, Insurance, & Regulatory Components
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
Welcome to 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 pre-paid 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 meningococcal and human papillomavirus, including causes, symptoms, and vaccinations.

5. Immunization History. Gonzaga requires verification of measles (Rubella) 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.

Patient Information

STUDENT INFORMATION

Name: ____________________________ Date of Birth: __________ / __________ / __________

Sex: _______________________________

Phone: ___________________________

Email: ____________________________

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 Accident and 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 arrive 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 my minor necessary medical or surgical treatment while attending this University. This authorization does not extend to the Gonzaga Student Health Center to render any treatment without the student’s personal consent.

Signature: ____________________________ Date: ____________________________

Relationship to student: ____________________________ Phone: ____________________________

Address: ____________________________
**PERSONAL AND FAMILY HEALTH HISTORY**

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<thead>
<tr>
<th>STUDENT INFORMATION</th>
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<tr>
<td>Name:</td>
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Please mark (X) in the appropriate space if you or any members of your family have had any of the following:

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<tr>
<th></th>
<th>You</th>
<th>Family</th>
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<tbody>
<tr>
<td>1. Asthma/Obstructive Lung Disease</td>
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<td>2. ADD/ADHD/Learning Disability</td>
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<td>3. Alcohol/Drug Counseling or Treatment</td>
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<td>4. Arthritis</td>
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<td>5. Asthma/Lung Disease/Pneumonia</td>
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<td>6. Bulimia/Eating Disorder</td>
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<td>7. Cancer</td>
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<td>8. Cardiovascular Disease</td>
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<td>9. Depression/Anxiety/Psychological Disorder</td>
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<td>10. Diabetes</td>
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<td>11. Ear, Nose, or Throat Problems</td>
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<td>12. Gastrointestinal Disorder</td>
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<td>13. Gynecologic Problems</td>
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<td>14. Head Injury/Convulsion or Loss of Consciousness</td>
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<td>15. Hearing Loss</td>
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<td>16. Heart Disease</td>
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<td>17. Hepatitis</td>
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<td>18. High Blood Pressure</td>
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<td>19. Immune-compromising Condition</td>
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<td>20. Kidney Disease</td>
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<td>21. Meningitis</td>
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<td>22. Mobility Limitations</td>
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<td>23. Menstrual Periods</td>
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<td>24. Neurological Condition</td>
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<td>25. Seizure Disorder/Seizures</td>
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<td>26. Skin Disease/Disorder</td>
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<td>27. Stroke</td>
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<td>28. Thyroid Disorder</td>
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<td>29. Tuberculosis</td>
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<td>30. Vision Impairment</td>
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**HUMAN PAPILLOMAVIRUS (HPV) INFORMATION**

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

HPV is a type of 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: __________________________ Data of Birth: __________ / __________ / __________
Semester and year of enrollment (e.g. Fall 2019): _______________

MANDATORY VACCINATION FOR ALL STUDENTS
Gonzaga University requires verification of measles immunity for all students. Proof of immunity means:
1. Two doses of measles (Rubella) vaccine received after one year of age, at least one month apart, or
2. A blood test showing measles (Rubella) immunity
You may provide proof of immunity by completing the form below or attaching a copy of your immunization record or blood test (IgM) results.

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

RECOMMENDED VACCINATIONS
Hepatitis A: #1 Month / Day / Year #2 Month / Day / Year

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

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

Meningococcal: #1 Month / Day / Year

Poliomyelitis: Completed primary series of polio immunization? □ Yes □ No Date of 3rd dose __________ / __________ / __________

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

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

A LOT of data entry issues!

Not enough places to list imms

Asking for last dose or student to verify full series

Dtad and Tdap confused everyone
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 (MMR) 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 (titers) results.

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<thead>
<tr>
<th>Measles vaccine (may be MMR, MR, or M)</th>
<th>#1 <em><strong>/</strong></em>/____</th>
<th>#2 <em><strong>/</strong></em>/____</th>
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#### RECOMMENDED VACCINATIONS

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<tr>
<th>Hepatitis A:</th>
<th>#1 <em><strong>/</strong></em>/____</th>
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<tr>
<td>Hepatitis B:</td>
<td>#1 <em><strong>/</strong></em>/____</td>
<td>#2 <em><strong>/</strong></em>/____</td>
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<tr>
<td>HPV (Gardasil):</td>
<td>#1 <em><strong>/</strong></em>/____</td>
<td>#2 <em><strong>/</strong></em>/____</td>
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<tr>
<td>Meningococcal:</td>
<td>#1 <em><strong>/</strong></em>/____</td>
<td>#2 <em><strong>/</strong></em>/____</td>
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<tr>
<td>Meningococcal B (MenB)*:</td>
<td>#1 <em><strong>/</strong></em>/____</td>
<td>#2 <em><strong>/</strong></em>/____</td>
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*Sanero is a 2 dose series while Trumenba is a 3 dose series.

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<thead>
<tr>
<th>Polio**:</th>
<th>#1 <em><strong>/</strong></em>/____</th>
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<th>#3 <em><strong>/</strong></em>/____</th>
<th>#4 <em><strong>/</strong></em>/____</th>
<th>#5 <em><strong>/</strong></em>/____</th>
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**4 doses of inactivated Polio Vaccine (IPV) or 5 doses of Oral Polio Vaccine (OPV) recommended by age 6.

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<tr>
<th>DTaP***:</th>
<th>#1 <em><strong>/</strong></em>/____</th>
<th>#2 <em><strong>/</strong></em>/____</th>
<th>#3 <em><strong>/</strong></em>/____</th>
<th>#4 <em><strong>/</strong></em>/____</th>
<th>#5 <em><strong>/</strong></em>/____</th>
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***5 doses of Diphtheria-Tetanus-Pertussis recommended by age 6.

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<tr>
<th>Tdap (Tetanus/diphtheria/pertussis):</th>
<th>#1 <em><strong>/</strong></em>/____</th>
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<tr>
<th>Varicella (Chickenpox):</th>
<th>Yes ☐ No ☐</th>
<th>#1 <em><strong>/</strong></em>/____</th>
<th>#2 <em><strong>/</strong></em>/____</th>
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</table>

#### PLEASE READ AND SIGN

I certify that the information above is complete and accurate.

Student Signature: ___________________________ Date: ___________________________

(Faxed 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
• Conversion of entire process to online entry
  – Medicat 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 that 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 Zagmail.

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

**Eligibility**: Not Eligible  
**Insurance**: ADAC  
**Other ID**: 09961279  
**Phone**: (509)111-2222  
**DOB**: 4/23/00  
**Chart**: Not Available  
**Email**: skiles@gonzogp.edu

### Allergies

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-04-2017</td>
<td>*No known drug allergies -</td>
</tr>
</tbody>
</table>

### Self Reported Allergies

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>May-21-2017</td>
<td>*Self Reported Allergies: Amox</td>
</tr>
</tbody>
</table>

### Current Medications

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Entry</td>
<td></td>
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</table>

### Self Reported Medications

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun-08-2017</td>
<td>*Self Reported Medications: anti-depressants</td>
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</table>

### Diagnosis \ Acute Problems

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>May-12-2017</td>
<td>Chronic fatigue, unspecified [2]</td>
</tr>
</tbody>
</table>

### Pathology and Laboratory

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>May-12-2017</td>
<td>CT/CG (APTIMA)</td>
</tr>
<tr>
<td>May-12-2017</td>
<td>HSV 1/2 DETECT/DIFF (RT-PCR)</td>
</tr>
<tr>
<td>May-12-2017</td>
<td>TREPONEMA PALLIDUM AB RFLX</td>
</tr>
<tr>
<td>May-12-2017</td>
<td>VAGINAL PATHOGENS (DNA PROBE) UNTIL 4/11/17</td>
</tr>
</tbody>
</table>

### Immunizations

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun-12-2017</td>
<td>Test For Repeat SCPM Messages</td>
</tr>
<tr>
<td>May-29-2017</td>
<td>New Student Forms - Only 1 MMR</td>
</tr>
<tr>
<td>May-29-2017</td>
<td>New Student Forms - Missing Health History</td>
</tr>
<tr>
<td>May-29-2017</td>
<td>New Student Forms - Only 1 MMR</td>
</tr>
</tbody>
</table>

### Insurance Documents

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar-09-2017</td>
<td>*Back Of Card</td>
</tr>
</tbody>
</table>

### Medical History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>May-21-2017</td>
<td>*ADHD / Learning Disability: ADHD</td>
</tr>
<tr>
<td>May-21-2017</td>
<td>*Acne, Eczema, Skin Disorder: Acne x 3 years</td>
</tr>
</tbody>
</table>

### Social History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
</table>

### Family History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>May-21-2017</td>
<td>*Cancer: breast - grandmother</td>
</tr>
</tbody>
</table>

### Referrals Counseling

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-04-2017</td>
<td>Counseling - Referrals To Off Campus Partners</td>
</tr>
</tbody>
</table>

### Old Paper Chart

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
</table>

### Scanned Documents

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
</table>

*Not a real patient.*
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

MenACYW Rates

18% increase in 1 year

Data is for performance improvement purposes. Not for distribution.
Quantitative Outcomes cont.

Data is for performance improvement purposes. Not for distribution.

- **MenB Rates**
- **TDaP Rates**
- **HPV Rates**
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

• 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
(509) 313-4067
skiles@gonzaga.edu
www.gonzaga.edu/healthandcounseling
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

- Employee, Epi-Linked to Greek
- Community Member, Epi-Linked to Greek
- Student, Non-Greek, Not Epi-Linked to Greek
- Student, Non-Greek, Epi-Linked to Greek
- Student, Greek, Dorm Housing
- Student, Greek, Greek Housing

Onset of Illness (month)

Number of New Cases
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

Recommendation #1

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>UW</th>
<th>PHSKC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor (salary and fringe)</td>
<td>$114,942</td>
<td>$100,926</td>
</tr>
<tr>
<td>Vaccine (UW: 581; PHSKC: 246)</td>
<td>$40,424</td>
<td>$13,058</td>
</tr>
<tr>
<td>Contractor</td>
<td>$2,250</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$157,616</td>
<td>$113,984</td>
</tr>
</tbody>
</table>

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

Sheryl Schwartz
UW Environmental Health & Safety
sheryls@uw.edu
206.221.4610
Questions and Answers

(Please type your questions into the box on the side of your screen if you haven’t already).
THANK YOU!

Izzy Brandstetter, MPH
Immunization Coordinator
izzyb@withinreachwa.org

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