

School Nurse Immunization Webinar Transcript

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Hello, my name is Lisa Harris, and I am the School and Child Care Reporting Outreach Coordinator with the Education and Partnership Unit in the Vaccine Preventable Disease section at the Minnesota Department of Health. On behalf of all of us who will be speaking today, I wanna welcome you to our presentation on School Immunization Reporting. Next slide.

We will discuss and demonstrate topics that will assist you in understanding the Minnesota immunization law requirements, how to complete the Annual Immunization Status Report or AISR for short. Help you to use the new bulk query feature that is an optional MIIC function that's available within the AISR application itself and help you learn how to use MIIC and then finally learn about the resources that are available to you on disease reporting for varicella and pertussis. At the end of the presentation, there will be a survey available for you to complete for continuing education credits. So we can get started next slide. Next slide.

Minnesota's Immunization Law is made-up of two parts. The statute, which is 121 a.15, and the rule 4604. For children to attend school or child care in Minnesota, the law requires documentation of either immunizations or a legal exemption. And there are two exemptions that the law allows. One is a medical exemption. Which is a statement signed by our provider that there is a medical contraindication, history of disease or laboratory evidence of immunity to a specified disease that have vaccine is not needed. The other is an exemption or for non-medical, or, most commonly, it's phrased as a conscientious objection or a religious objection from the parent or guardian, which is a statement specifying that the vaccine or vaccines that they're exempting from and it's notarized. It's also required that all K through 12 schools report the immunization status of their students to MDH by December 1st of each year. This is the AISR, the Annual Immunization Status Report that we will go into a little bit later in the presentation. Next slide please.

So, to easily see what the immunizations that are required for enrollment in school or child care MDH created this resource. It's the "Are Your Kids Ready?" document. It was purposefully designed with parents in mind, and it's broken down by age and vaccine categories. The number of check marks, note the number of doses required for that age group. This first page shows what the law requires, and for comparison, the second page of the document shows what the CDC recommended schedule is. We do show in the middle section here. Umm. Immunizations that are recommended but not required, such as COVID-19, influenza, rotavirus, and HPV vaccines. Next slide please.

The backside of this resource is titled "When to Get Vaccines, Birth to 16 Years", and this is the CDC recommended schedule. And it can be a little easy to confuse what is recommended versus what is required. So, here's an easy way to remember it. Recommendations are what the CDC and ACIP national guidelines best practices are for a vaccine. Requirements are what the Minnesota Immunization Law states a students must have to attend school. Minnesota does base the law on ACIP recommendations. However, understand that the recommendations can and do change faster than what the law does, and I can show you a quick example of that, and we can go to the next slide.

So, here's a couple examples. The simple example here is influenza vaccine, and it's a recommendation. CDC recommends, for all persons six months and older, and it's not part of the law, and it's not going to prevent a child from attending school. but everybody should have influenza vaccine. Second, the

example is for a requirement, and it's a little more complex. MMR and varicella vaccine is for kindergarten entrance, and Minnesota immunization law requires two doses for entrance. The CDC ACIP recommendations allow for the second doses to be given at an age range of four through six years of age. Next slide.

I'd like to remind schools to always use the MDH immunization form when you are communicating immunization information out to parents. It's because the immunization law requires you to, and because it meets all the legal aspects about the font size, font style, exemption information. The requirement for it is in subdivision 3 of the statute. And this form has gone through all the MDH legal vetting. Schools can develop their own form, but it must be approved by MDH. I will mention that while schools must use this form, what parents return to you for documentation can vary, and they are not in any way required to return this specific form to you. You may accept any type of immunization documentation. Often, it's a MIIC print out from their provider office. It can include exemptions also. Mostly it's COs. If a parent gives you a notarized CO statement that covers what they are exempting their children from, it's acceptable. If a provider gives you something on their office letterhead signed and stayed in a medical reason for a medical exemption, that is acceptable. Next slide.

So, points to remember about the immunization law for school nurses. Always use the immunization form when sending out immunization information. The best practice is to always include the "Are Your Kids Ready?" document, but we don't require you to. It's just a best practice. The AISR reporting asks if students have met the legal requirements. So, use the "Are Your Kids Ready?" to determine the number of doses, and if you're ever looking for a specific language or documentation of what the law requires, please reach out to us here at MDH and you can contact us at the AISR e-mail address, and we'll be happy to provide that for you. And so now I'm gonna pass the presentation over to my colleague, Ben Christensen, who's gonna share some more information with you, Ben.

Thank you, Lisa. My name is Ben Christensen, and I'm an Epidemiologist in the Vaccine Preventable Disease section, and today I'm gonna cover some updates as of the 2022-23 school year to the diphtheria, tetanus and pertussis, and polio vaccine catch-up schedules. So, as Lisa mentioned, oftentimes the requirements will mirror what the CDC recommendations are, but sometimes they'll be slightly different. In the past, the catch-up schedules for diphtheria, tetanus and pertussis, and polio was one area where these requirements and recommendations differed. However, we are moving forward now to align the requirements for catch-up with the CDC ACIP schedule for these vaccines. So, I was gonna cover what those requirements are. Next slide.

So, we recently aligned the school requirements for catch-up for DTaP and polio with the CDC recommendations. The rule actually changed back in 2014. However, we didn't have guidance out for students that were in the catch-up schedule. So, the older students who are typically seven years of age and older. Because we didn't have guidance, it wasn't always enforced correctly, or it think the processes were in place to have these students meeting the stricter catch up, but we've now created a guidance document that you can find on our school health personnel web page, and I've included a link to this document in the slide ([Specifications for Diphtheria, Tetanus, and Pertussis \(DTaP\) and Polio Vaccine \(www.health.state.mn.us/people/immunize/ed/dtappoliospecs.pdf\)](https://www.health.state.mn.us/people/immunize/ed/dtappoliospecs.pdf)). We also shared this guidance document with the student information system vendors, so that they could update their systems and make sure that their accounting for the catch-up schedule correctly. Next slide.

So, I'll just briefly touch on what the catch-up schedules are for these two-vaccine series. So, starting with diphtheria, tetanus, and pertussis, it's typically three doses of a tetanus and diphtheria containing vaccine. However, one of those doses must be pertussis containing. So, either tdap or a DTaP vaccine. One dose must have been given at four years of age or older, and then the minimum intervals apply between doses, meaning there needs to be a certain amount of time between doses for them to be fully effective. What's new is that some students will need a fourth dose, and the instance where they would need a fourth dose would be if the first dose in the series was given prior to 12 months of age. So, for example, if a student had started their DTaP series and got the two-month dose and the four-month dose and then they got one dose when they started kindergarten. So, they have 3 doses. However, the first dose in that series is before 12 months of age, so they're going to need a fourth dose to be up to date with the catch-up requirements. Next slide.

Polio is similar, where it's typically 3 doses for catch-up. Again, one dose must be given after age 4. However, there is a couple instances where 4 doses would be needed and that would be if a minimum interval wasn't met. So, for example, if the third dose was given less than six months after the second dose, or if all three previous doses were given before age 4, then they're going to need a fourth dose. Next slide.

There's a couple exceptions to these new catch-up requirements, and that is the older students, when this went into the rule back in 2014. Have been exempted out and don't need to meet the updated catch-up requirements, so these students only need to have three doses of either DTaP and polio, regardless of the timing of the last dose or the minimum ages and intervals. So, it is starting in the 2022-23 school year, it's gonna be students in ninth grade or older don't need to meet these updated catch-up requirements. And then going forward will phase out one grade each year and then in the 2026-27 school year, all students who were grandfathered in will have graduated at that point, and so now all students K through 12 will need to be meeting these updated catch-up requirements. So, like I said, we created a guidance document, and you can find that online and that will provide more information about these requirements and the specific minimum ages and intervals. We did share this information with the school software vendors, and they were updating their system so that they could appropriately capture these new catch-up requirements. Next slide.

So, I'm going to transition now and talk about a new online reporting tool for the AISR. So, the AISR is the application that you use to submit your annual reports to MDH, and in the 2022-23 school year, we created a new application. It will function very similar to what the previous application did. However, it will look slightly different. So, I just wanted to share with you how you'll get logged into that system, and then how you can make sure that you're set up to have the appropriate access. So, you'll access that application through the school health personnel web page ([School Health Personnel Immunization and Disease Reporting \(www.health.state.mn.us/people/immunize/ed/school.html\)](https://www.health.state.mn.us/people/immunize/ed/school.html)). So, this is a web page that includes links to a lot of the documents and resources that will cover in this webinar today. But under this first heading, the complete the Annual Immunization Status Report under this drop-down is where you'll find the link to the Annual Immunization Status Report ([Annual Immunization Status Report \(https://aisr.web.health.state.mn.us/\)](https://aisr.web.health.state.mn.us/)). I wanted to point out that right down here is where you'll find information about the meningococcal requirements and then this DTaP ap and polio information was the guidance document that I just touched on that provides information about the DTaP and polio vaccines. So, once you click the link to get logged into the Annual Immunization Status Report, you'll be brought to the home page. And if you've never used this updated version, you're going to have to create

a new account. By clicking the blue button. And you'll need to then click on the register link at the very bottom of this login page. So, you'll click that register button. And then complete your first name, last name, e-mail. And then you'll create your own password. And then when you register, it will automatically log you in to the application. However, you'll notice that you won't have access to any of the schools right away. So, in order to get access, you actually have to request access using this request school access. Oh, and one other thing I wanted to point out is that we've organized the schools slightly differently than you may be used to seeing, so there's now a tab that will list public and charter schools, and then there's a separate tab for where private schools will be listed. There's also tabs for child care and higher education, which you won't need to use as school users.

So, when you request access for a public school, it's gonna show up under this public/charter schools tab. But first, the MDH admins will have to approve that request. But to get started, you'll click the request school access button. And that will bring you to this AISR request access page. Here you'll select from the drop-down what organization type you're requesting access for. So, I'm going to do the public/charter school. Then you'll select from this drop-down what your position is with the school. I'm going to select school nurse and then you enter your 4-digit school district ID. So, for this example I'll use the Saint Paul School District. And then hit submit. You'll get a message letting you know that it was submitted and that MDH staff will review that request and take the appropriate action.

So, I'll return home and you'll notice those schools don't show up automatically, so the MDH admin needs to approve those schools in order for them to show up. So, you'll have to wait for MDH to actually do that approval process, so I'm just gonna log out here so then I can show you. Once you have access, when you log back in, what things will look like. And typically, MDH staff are reviewing the information that you provided in that registration step and making sure that you've signed up for the appropriate schools.

So, this can typically take a day for staff, depending on how busy they are to approve the schools, but we do try to get to it as soon as possible. So then when you get access you'll come back and log in to your account. Using your e-mail address, and the password that you created. And then now you'll see that because I was given access, all the schools in the Saint Paul's School District appear. And so, this should look similar to what it looked like before. However, only public schools will be listed here. If you do need access to a private school. You'll have to complete another request, school access form and then just select the private school option from that, and you'll answer the same similar three questions as you did for public schools and then just indicate the name of the public school here. So, you'll have to view those public and private schools separately. So now I'll just briefly share how you can complete this report.

So, a couple buttons I wanna point you to are the edit contact button here on the right. This is where you can click and update your contact information for the school. And then there's an add report button here, and this is the button you click to start your report. So, I'll start a report for Adams Elementary by clicking the add report button. And this will bring you to the screen where you select the grades that you have enrollment for. So, if you have kids enrolled in grades kindergarten through third grade, you would select those boxes, and then hit submit. And then this will generate the report for you, and they'll be a row for each of the grades you selected. So, you'll see there's a row for kindergarten through third grade. And then there's a tab here for each of the vaccines you need to report on. So, the tab at the front is the DTaP tab. Then there's a polio, MMR, so you can navigate between the different vaccine tabs here. You do need to enter the enrollment numbers into the DTaP tab to begin, so to do that I'll just

enter in some fake enrollment numbers here, and when you enter the enrollment, two things will happen. First, the rows will turn red, just indicating that the math isn't adding up, so you need to report ten kids in these additional four columns. So, you need the four columns here to basically add up to the enrollment to ensure that you've accounted for every kid. The other thing that will happen is that the enrollment values will auto populate into these other vaccine tabs. So, then you can go ahead and start entering your numbers so the columns are the all required doses. This is for students who have all required vaccines for the DTaP schedule. In progress or missing doses is for students who are in progress of completing the series or don't have all their doses. Uh, the non-medical exemption is for students who have a non-medical exemption form, signed and notarized, and then a medical exemption for students who have the medical exemption paperwork. You'll count a student only once in one of these columns. So, for example, if a student has a non-medical exemption, but they also have two doses of DTaP, you would only count those students in the non-medical exemption, not also in this in progress/missing doses because you only want to count each student once. So, I'll just make up numbers here to show you that once the numbers appropriately add up and you've accounted for all students, the rows turned green. If you were to count too many students, it would indicate again that it doesn't add up by turning red. And then once you've completed all the age groups for the DTaP vaccine, make sure you save the report up here using the save report button. And you'll get them a pop-up message at the top of the screen, just letting you know that this report has been saved, and then you can move on to the next vaccine and complete your numbers for each vaccine, making sure that you save in between each vaccine tab.

One tab that I haven't talked about yet is the exemption tab, and so this is the tab where you would complete the number of students who have exemptions either non-medical or medical for all vaccines. So, students are only going to be counted in this tab. If they have an exemption, for example, a kindergarten student, if they have a non-medical exemption for all five kindergarten vaccines, so only kindergarten and seventh grade will show up on this, depending on which grades you have enrolled in your school. You're only reporting on kindergarten and seventh grade students for an exemption to all vaccines.

Ah. And then once you've completed your report. You can go up and hit the submit report button. And then a pop-up box will pop up just letting you know that you can click OK to submit your data and that you can come back and edit your data at any time. So, I'm going to go ahead and click OK. But now I've got this pop-up message letting me know that my report is out of balance, just meaning there's an error in my report and something's not adding up appropriately. So, and it will actually indicate where that error is. So here it's saying. Please check your varicella vaccine numbers. And I'll just hit yes to continue and see that, yep, the varicella. I forgot to report for third grade students and that row is still red. So, I can go in and enter in the missing information. Hitting save. And then submit the report again and click OK, and then once there's no errors in your report, you won't get that report out of balance error and then you've submitted your report and completed it so you can print your report using the print report button in the bottom left-hand corner here. If you do that, it will generate a PDF that you can print. Otherwise, you can navigate back to the home page, and log out. If you do need to edit your report at any time, you can come in and you'll see that now this button has turned to edit report and then you can click on that report. And go in and make any edits that you need to make to the report.

I did wanna point out a new feature for this new system is this edit grades feature. So, if you for example realize that oh, you actually had fourth grade students enrolled for that you didn't report on, you can

edit your grades by clicking the edit grades button. It will bring you to back to the page to select grades and then you can add in whatever's missing, or if you had an extra grade in there, you could remove it as well. You'll hit submit. And then that will generate the same report. All your information will be saved, but you'll now have a row for fourth grade. You'll need to enter in the enrollment information again in the DTaP table and then complete the tables. And once you've done that, you can submit your report again, and MDH will have that information. And then you will be good to go and have all the information that you need submitted to MDH. At any point, if you needed instructions, there's a step-by-step instruction guide that you can access up here in the top header page, and then this is where you also will log out when you're done reporting, so I'll just log out. And that's all I wanted to share today. So, I'm going to turn the presentation now over to my colleague Hanna Ljungman who's gonna go through the bulk query feature.

Thanks Ben. Yes, so. My name is Hanna Ljungman. I'm an Epidemiologist with the Vaccine Preventable Disease section. And all be presenting on the bulk query feature for student immunization records. So, the bulk query function is a tool to efficiently query MIIC for immunization records for a large number of students. This feature is found within the AISR application, but it will not change the reporting process for your annual immunization reports. It is a separate, optional feature that will be available for schools to retrieve student immunization information. An important note is that schools must have a signed Data Use Agreement on file with MIIC in order to access the bulk query function. Please contact the MIIC Help Desk (health.miichelp@state.mn.us) for questions on getting set up in MIIC. To gain access to the bulk query feature, please e-mail us at health.aisr@state.mn.us.

So, the input file is where you add your student list to upload into the bulk query. Please fill out your student's information beginning in row two of the spreadsheet. The minimum required fields for uploading data are first name, which is located in column G, last name in column H, and date of birth in column I. The other fields are optional and not required to upload the bulk query. For example, you can use one of the ID fields to add an organization specific ID such as student IDs if that is helpful when matching back to your own records. If you do not use the optional fields, please do not change, add, or remove any columns or rows in the spreadsheet because it creates errors in the spreadsheet. Please also do not use any special characters such as commas, parentheses, or asterisks as this will result in an error in your file will be rejected. The bulk query produces four output files. A full vaccination file, a COVID-19 vaccination file, a matching results file, and an aggregate statistics file.

The full vaccination file shows all of the vaccine information for your uploaded student list and is formatted as a pipe delimited text file. It includes all the vaccinations in the client record, not just COVID-19 vaccines. The COVID-19 vaccination file shows only the COVID-19 vaccination information for your uploaded student list and it is formatted as a pipe delimited text file.

The matching results file shows the COVID-19 vaccination information for your uploaded student list and whether there was a match to an associated MIIC record after processing. It is formatted as an Excel file and will display one MIIC client per row along with COVID-19 vaccine dose information such as vaccination dates of each dose and the product name. If there are no doses listed, then the client record does not have any COVID-19 doses recorded. The aggregate statistics file shows aggregate COVID-19 vaccination statistics for your uploaded student list, and it is formatted again as a pipe delimited text file. The file will display one line of data for the entire uploaded list. In this file you can find the percent of students from your list that matched a record in MIIC. So, this is non-COVID related and then the then

it also shows the percent of those that matched in MIIC that have COVID-19 vaccinations broken up by dose including booster doses.

There are two user guides that can be found on our web page ([School Health Personnel Immunization and Disease Reporting \(www.health.state.mn.us/people/immunize/ed/school.html\)](https://www.health.state.mn.us/people/immunize/ed/school.html)) along with the input file template. The using the bulk query function file (<https://www.health.state.mn.us/people/immunize/ed/bulkquery.pdf>) outlines how to access and use the bulk query function. The managing the input and output files (<https://www.health.state.mn.us/people/immunize/ed/managequery.pdf>) describes how to create the input file and how to interpret the output files for the bulk query. This is also where you will find the input template file where you add your student list to upload to the bulk query feature. If you have any questions, please e-mail us at health.aisr@state.mn.us. I will now pass it on to Jenevera, who will be covering MIIC and Data Use Agreements within MIIC.

Thank you, Hanna. Hi. My name is Jenevera Wolfe. I am with MIIC Operations and MIIC stands for the Minnesota Immunization Information Connection. And most school users do have access, but if you don't, I'll just go over real quick. Next slide.

What MIIC is? So MIIC is a lifespan population-based immunization information system or IIS most immunizing providers in the state do participate and they routinely submit data. Not all of them do. There is no general participation mandate with the caveat that pharmacies are required to report to MIIC. And then schools are one of the authorized user groups to access MIIC next site.

Like Hannah mentioned, if you want to use that bulk query process, you do have to have a Data Use Agreement on file with MIIC and if you want access to MIIC you also need to have a Data Use Agreement. To get that Data Use Agreement you'll just go to our web page, and you can go to the department of health web page and type in. I think you can just type in MIIC, and it'll bring you to a MIIC page and then you're gonna look for the Participating in MIIC link (www.health.state.mn.us/people/immunize/miic/participate/index.html) on the left side when you get to that page, you're gonna go to step 2 and click the enroll drop-down. And that'll take you to, go ahead and go to the next slide.

That'll take you to what's called a REDCap survey. So, in this survey, you're gonna have to identify and authorize user or authorized representative, and then it'll require you to appoint an administrator as well. If you ever have any questions about the Data Use Agreement, you can e-mail that Help Desk. So, health.miichelp@state.mn.us it's on the screen there and it's also all over the web page. And then we can assist you if you have any questions. Otherwise, you'll just fill out the Data Use Agreement, you'll submit it. And then MIIC usually takes about anywhere from one to seven days, depending on capacity and how many people are completing them, or organizations rather. Usually, we get them back in a few days though. Next slide.

Once you complete that Data Use Agreement and the MIIC team has set up the organization and users, you'll get 2 emails. You get the one that says your organization information like it shows on this screen, so it will provide you with your organization code and then your username and then you'll get a separate encrypted e-mail with your temporary password. Once you get that temporary password, you can log in to MIIC and then there's instructions on that e-mail and how to change your password. So go to the next slide.

The uses I think most schools use MIIC to look up records for individuals. Sometimes they print immunization records. School nurses can quickly identify students that might be missing immunizations, especially during a disease outbreak. And then they can also create a list of students where they can quickly review a whole list of students and print all the records. Or you can use the client follow up report features. There's instructions on how to use the list features and client follow up on our web page. So, we will go through that today, but there are instructions and videos and everything. Next slide.

So real quick, I'm just gonna show you how to log into MIIC and then quickly look up a client. So, I'm going to share my screen. So, this is the MIIC home page. It is on that participating in MIIC web page. So, if you lose that link, the link in the e-mail we sent you, you can always go to Participate in MIIC and click on that. It'll show you where to log in, so you'll need that organization code, username, and password so I'm logging into a fake user account here. So, you'll need to organization code, username, and that temporary password that was given to you, or I have a permanent password now, so I'll click login. Once you log in, if you logged in for the first time, they'll be a personal Data Use Agreement that you'll have to fill or agree to on this screen, and then if you haven't changed your password, you can go to the top of the screen where it says manage my account, and this is where you can edit personal information or if you wanna change your login. This is where you can change your password if you want to change that the password requirements are listed down here. And then you can manage those security questions. So, this will happen this security questions if you forget your password and you wanna try to log in, you click forget pass or reset password on that login page and these questions will be answered or appear to you in an e-mail. So, I'm gonna quickly go home. I will note on this screen. The yellow ribbon will show you which organization you're in, so it should say your school's name, your username here, and then I'm gonna use read only because most of our school users are read only. There are school users that are a school and child care administrator, so there's screen looks slightly different, but the features are largely the same to look up a client everything is under routine functions over here on the left side of the screen. I believe for the school or child care admin it just says find client or manage client but look for the words find or manage client. So, to look up the client under routine functions, I'll click find client. You want last name, first name, and date of birth. If it's a super common name, you do want all three of those. If it's an uncommon name, you only need you know last name, first name, or last name, date of birth. So, there's a couple of tricks to how to look it up. You do need at least two characters of the last. I think it's two characters of the first name and three characters of the last name, but you can kind of toy around with how to look up clients. I'm going to look up a fake client here. So, I'm gonna just use last name and first name because I know there's only one Rainbow Bright.

I'm gonna click find and this will navigate me to a record. If MIIC does have a record, not all students will be in MIIC. So, if they don't exist in MIIC, it will not show the record. If you have, you know, someone with a super common name, it's gonna give you a list of client's names and you'll click on their last name. But right now, we have Rainbow Brights record here. So, this first screen will show you the name, date of birth, gender, if we have it, mother's maiden name, if we have it, a chart number, if we have it. This chart number specific to your organization. It'll have the address of the client and phone number if we have it and then the second box is the history of vaccine. There is instructions on our website and instructions. There's information on our website on how to review a record and then this bottom box is our forecaster and again we have information on our website about the forecaster and if you ever have any questions about any vaccines on this record or anything about the forecaster, this MIIC ID number in the top left box right here is what you'd wanna reference in an e-mail to MIIC the MIIC help desk. So just

make sure that you grab that ID number if you're emailing the Help Desk. If you have questions on a specific immunization or something regarding the forecaster. From here you can also print the immunization report, so I'll just click this button. And it makes a nice pretty little PDF for you, and you can print that, and you know, give it to parents or whatever you need to do with it. I'm going to close that out and then I'll go back to home and log out.

So, a couple of quick MIIC facts are that you must log in at least 60 days for your account to stay active. If you can't log in, you can always e-mail the Help Desk with your organization code and will help you or identify who your site administrator is, there cannot be any shared accounts. So, if you have a couple of nurses or staff helping the nurse, they need to have their own login. Your administrator can set that login up if you don't know who your administrator is again, you can e-mail the Help Desk. Umm. And there is, so there's sometimes we have clients in MIIC that don't have a complete record. If you get immunization records from the parents and you get or guardians if you get approval from them to actually enter that information in to MIIC some school users do have access to edit records, most of them don't have time or the ability to do that. So, you can certainly fax that to us, and we can update the record. And I do wanna note that most school software cannot actually connect directly with MIIC. So, there's no like real time data exchange. There are some software systems that do that, but most of them do not. Next slide.

And then this is just our resources page. All of this is on our website. We have a very in-depth user guidance web page just logged from basically logging in to changing passwords all the way down to adding immunizations if you have that ability. And then from there I believe I will turn it over to Ali.

- ALL MIIC Training and guidance materials:
www.health.state.mn.us/people/immunize/miic/train/index.html
- Logging into MIIC: www.health.state.mn.us/people/immunize/miic/train/login.pdf
- Changing MIIC Password: www.health.state.mn.us/people/immunize/miic/train/intro.html
- Switching Organizations in MIIC:
www.health.state.mn.us/people/immunize/miic/train/switchorgfunction.pdf
- Client Search in MIIC: www.health.state.mn.us/people/immunize/miic/train/clientsearch.html
- Entering New Clients in MIIC: www.health.state.mn.us/people/immunize/miic/train/newclient.html
- Adding Immunizations in MIIC: www.health.state.mn.us/people/immunize/miic/train/addnoinv.html and www.health.state.mn.us/people/immunize/miic/train/addinv.html

Thanks, Jenevera, and hello. My name is Ali Ruprecht. I am an Epidemiologist in the Vaccine Preventable Disease Surveillance Unit here at MDH. Next slide, please.

And I just wanted to give an overview of the content that I'll be covering today, which will include reporting and disease control measures for varicella and zoster, varicella testing at MDH, pertussis reporting and disease control, and finally some helpful resources. Next slide please.

I wanted to start by giving some background and context for the current varicella reporting requirements. As many of you are aware, beginning in 2004, one dose of varicella vaccine was required for entry into kindergarten and seventh grade. And in order to monitor the effectiveness of this new vaccination requirement, schools were asked to report outbreaks of varicella in their schools to the

Minnesota Department of Health beginning in 2006. In addition, a subset of schools reported all varicella cases. And at this time, there were generally greater than 50 outbreaks of chicken pox in schools each year, so MDH was able to collect sufficient amount of data with this system. But with the requirements of the two doses of varicella vaccine for school entry in 2009, there was a continued decrease in varicella cases across the state. And because of this decrease in cases, we needed to move to a case-based reporting system. So, in 2013, MDH started case-based reporting. Which required that all health care providers, child care providers, and schools report every suspected or confirmed case of varicella to MDH. Next slide please.

So now that we have case-based surveillance for varicella, as I mentioned, all confirmed and suspected cases of varicella in students or staff must be reported to MDH. I just wanted to emphasize the fact that suspected cases are reportable, meaning that they don't have to be lab confirmed or in some cases they may not have even been clinically diagnosed as this is a question that we do get quite a bit. In addition, all confirmed and suspected cases of shingles in children under 18 are also reportable. Cases of shingles and adult staff do not need to be reported to MDH, but we can provide guidance on work exclusion or restrictions and notification. There are several ways that you can report varicella or shingles to MDH. We did recently develop an online reporting tool which many school nurses have found to be the most convenient method. So, I have included the URL here to access that online form (<https://redcap.health.state.mn.us/redcap/surveys/?s=RH9RRXTPNPFRH4LR>). You may also call MDH at one of these numbers (651-201-5414 or 877-676-5414) to report over the phone, or you may fax the case report form. We have created a case report form that is specific for chickenpox and shingles reporting in schools, and you can download that fillable PDF at the web address that is listed at the bottom of the slide (www.health.state.mn.us/diseases/varicella/school/schoolrptfrm.pdf). Next slide please.

So, this slide, gives an overview of the exclusion requirements for varicella or zoster and just some basic control measures. So, children and staff with varicella must be excluded from school for their entire infectious period, which does not end until all of the lesions have crusted or scabbed over. This typically takes about four to seven days. When chickenpox occurs in a previously vaccinated individual known as a breakthrough infection or breakthrough varicella, it is often milder, and blisters may not form. However, breakthrough varicella is still infectious, and such cases should be excluded until no new lesions have formed within a 24-hour period and the existing lesions are fading. One point that I would like to mention about exclusion is that we do not recommend exclusion of susceptible household contacts. As this question does come up a lot if there is a susceptible sibling in the home, there's a high probability that they will develop disease. However, due to the long incubation period, such children might have to be excluded for up to three weeks, which just isn't practical and can be really difficult for parents and children. Parents should be notified if their child is exposed to a case of chickenpox, and MDH can provide consultation on the extent of notification as well as assessment of high-risk contacts. We do also have template letters available that can be used to notify parents of the exposure. If an outbreak of varicella is identified, we ask that you call MDH immediately. An outbreak is defined as five or more cases within a two-month period for elementary school settings, or three or more cases within a two-month period for middle and high school settings. MDH will work with you on the response and can provide testing kits and symptom watch letters that can be provided to the parents in the school. And then lastly, I just wanted to clarify that exclusion of students and staff with shingles may not be indicated and that MDH can provide guidance on a case-to-case basis for that. Next slide please.

So, because of the large number of clinically diagnosed cases and the challenges that this can create, MDH has opted to offer free test kits that are simple and safe enough to be used by parents. Each kit contains a pair of slides for collecting loose, crust or scabs, a buccal collection swab in a plastic sleeve, and a consent document. So, when a suspected case is reported, kits can be mailed directly to parents to confirm a diagnosis. Or these kits can be mailed to school nurses or office staff so that they can offer them to parents of suspected cases. This can be really helpful when we have several suspected cases identified in a school setting to confirm the diagnosis. MDH prefer, excuse me, performs PCR testing on the specimen. And this is the preferred method due to its kind of superior sensitivity and selectivity, scabs or crusts are very good specimens, and a buccal swab is also included, because scabs and crusts may not always be available, or the parent may not feel comfortable collecting them. In most cases, parents will send both specimens and the results from both typically correlate, but the buccal swab is slightly less sensitive, shipping both specimens dry allows them to be sent at ambient temperatures, just using the US Postal Service. Next slide please.

OK, so I am going to switch gears and just talk a little bit about pertussis reporting. Umm. Like varicella all confirmed and suspected cases of pertussis must be reported to MDH, and pertussis can be reported by phone or fax, and the pertussis specific case report form is available at the link that I have listed here in the middle of the slide (www.health.state.mn.us/diseases/pertussis/hcp/pertussisform.html). We do encourage that school health staff consider pertussis in any student or staff member that has a persistent cough lasting more than two weeks, especially if they're experiencing post-tussive emesis. Sometimes the pertussis outbreaks can be mistaken for bronchitis or severe colds, and students and staff should be encouraged to be evaluated by a health care provider if they are experiencing severe cough, particularly if there are several persons reporting symptoms within a classroom. Next slide please.

So, when pertussis is identified in schools, whether it is a single case or an outbreak, MDH can help plan appropriate prevention and control measures. We also have several notification templates available for pertussis, so exclusion from school for pertussis will depend on a few factors, including how long the student has been experiencing symptoms and whether they've received treatment with an appropriate antibiotic. In general, children can return to school once they've completed an appropriate course of antibiotics, which is typically five days or 21 days after cough onsets. If they did not receive treatment. I have included a link to our school and activities exclusion recommendations (www.health.state.mn.us/diseases/pertussis/school/schoolexcl.pdf) which can be really helpful in determining when and how long to exclude students and staff. Just wanna also mention that it's really important that we promote Tdap for adolescents and adults as the protection provided by the DTaP series wanes over time, and a Tdap booster is recommended around ages 11 to 12, and then every ten years after that. Next slide please.

This slide just shows the MDH school health personnel landing page for vaccine preventable diseases (www.health.state.mn.us/people/immunize/ed/schoolreport.pdf). I just wanted to share this resource with this group because I think it's a really helpful one. Stop shop where you can kind of find information on reporting requirements for all VPD's in one place. It also has links to all the report forms for these for these diseases. And next slide please.

All right. I think that's all I have. Thank you so much.

Great. Thanks, Ali. So, we have some more information here. I can just show you the next slide.

SCHOOL NURSE IMMUNIZATION WEBINAR TRANSCRIPT

We have a number of resources, and these are just links to the most common resources that we can direct you to our School Health Personnel Immunization and Disease Reporting link (www.health.state.mn.us/people/immunize/ed/school.html). MIIC and Schools (www.health.state.mn.us/people/immunize/miic/participate/school.html). MIIC has their User Guidance and Training Resources (www.health.state.mn.us/people/immunize/miic/train/index.html). Next slide.

Umm, the vaccine preventable disease resources are listed here, and these are all links that are posted on our website (www.health.state.mn.us/people/immunize/ed/school.html#report and www.health.state.mn.us/diseases/varicella/school/schoolrptrecs.html). So, these are just pleasant reminders of the multiple resources that we have for you. The Got Your Shots? Newsletter (www.health.state.mn.us/people/immunize/hcp/gys/index.html). If you haven't signed up for that, please make sure you do. We also have a GovDelivery. That anything related to school and vaccine preventable disease information. If you haven't signed up for that, that's a good one to get yourself on that mailing list (https://service.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_161). And let's see. Next slide.

And then we have our contact information here. Anything that you would like to reach the AISR staff for, you can reach us at health.aisr@state.mn.us, and if you need to give us a call, there's the 800 numbers (800-657-3970), or local numbers (6877-676-5414 or 651-201-5414) and the MIIC Help Desk. Has an e-mail address also, as Jenevera had said, it's health.miichelp@state.mn.us. Next slide.

And a big thank you from all of our presenters today, myself, Ben Christensen, Hanna Ljungman, Jenevera Wolfe, and Ali Ruprecht. We are so thankful that you guys could spend some time with us today, and I hope that you've learned things. That we've answered questions for you. We appreciate all that school nurses do. In the in the course of your day, we know that you are busy and we're ever so grateful that you could join us. Again, if you have questions, any concerns, we are here to help you and please contact us. Thank you everyone. Bubyee.

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To obtain this information in a different format, call: 651-201-5414.