Background:
The Texas Immunization registry is one of two opt-in registries in the United States. Parents or legal guardians can give consent for children 0 through 17 years of age. Once a child turns 18, it is their responsibility to consent for themselves as an adult. If adult consent is not obtained by 26 years of age, the client’s immunization history is permanently purged. Approximately 6000 Williamson County registry clients turn 18 every year, yet obtaining adult consent has not been a priority. This has resulted in many client records being purged from the registry.

Objectives:
The objective was to improve methods for obtaining adult consent by piloting an outreach process to increase the number of Williamson County young adults who consent as adults within the registry and increase the use of the Texas immunization registry as a lifetime registry.

Methods:
Clients who turned 18 were mailed a personalized letter explaining the benefits of the lifetime immunization registry and provided a prefilled adult consent form to sign along with a postage-paid return envelope. For Williamson County, 100 clients who turned 18 in November 2016 were sampled, and 113 clients who turned 18 in August 2017 were sampled.

Results:
In 2016, 29% of the sampled group signed and returned the adult consent forms; 6% were returned to the health department as undeliverable; and there was no response for 65% of the group sampled. In 2017, 21% of the sampled group signed and returned the adult consent forms; 12% were returned as undeliverable; and there was no response for the remaining 67%.

Conclusion:
Although labor intensive, this pilot was successful in obtaining adult consent on a group not previously targeted as a focus group to increase consent rates. These findings will assist in expanding immunization registry initiatives in Williamson County.
Factors Associated with Adoption of Electronic Consent for School-Located Vaccinations
Tiffany Tate, Claire Hannan

Background:
Up to 100,000 Maryland children are vaccinated in schools against flu and other vaccine-preventable diseases. Among the most costly and time-consuming tasks in implementing school-located vaccination clinic is reproducing, disseminating, and collecting hardcopy vaccine consents and reporting vaccination encounters to the IIS and third-party billing systems. During the 2017-2018 flu season, four Maryland counties offered an electronic consent option to families in their school-located flu clinics.

Setting:
Elementary, middle, and high schools in four counties in Maryland.

Population:
Families of elementary, middle, and high school students; school administrators; local health department immunization staff in four Maryland counties.

Project Description:
Electronic and paper consent forms for school-located flu vaccinations were offered in four Maryland counties. Families opting for electronic consent accessed the form through a secure website. Information obtained through the electronic consent forms populated a software program that specifically was designed for school-located vaccination clinics. The program allows clinic management for various levels of users, including school nurses, school administrators, local health departments, Charge Nurses, clinic clerks, and system administrators. The information captured through electronic consent forms were used to generate clinic lists, records transfers to the state’s IIS, and to submit insurance claims.

Results/Lessons Learned:
One-third of families opted for electronic consent. In one county, 50% more families consented to flu vaccinations than in the previous year. Families with high school students, private insurance, and from high-income ZIP codes were more likely to complete an electronic consent form. The 11,000 electronic consent forms completed by families equates to approximately 458 HOURS of data entry time saved. Implementation of electronic consent can increase uptake of school-located vaccinations and significantly reduce the administrative burden of managing school-located clinics. This technology might encourage more jurisdictions to institute or resume school-located vaccination clinics.