In compliance with continuing education requirements, all presenters must disclose any financial or other associations with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters as well as any use of unlabeled product(s) or product(s) under investigational use.

CDC, our planners, content experts, and their spouses/partners wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters.

Planning committee discussed conflict of interest with each presenter to ensure there is no bias.

Content will not include any discussion of the unlabeled use of a product or a product under investigational use.

CDC did not accept commercial support for this continuing education activity.
Factors Associated with Adoption of Electronic Consent for School-Located Flu Vaccinations
What is the Maryland Partnership for Prevention (MPP)?

- Non-profit, 501c3 established in 1999
- Provides educational programming, technical assistance, information-sharing, and direct services to increase rates in Maryland and beyond
- Administer flu and adolescent vaccinations (Tdap, meningitis, HPV) in schools
- Administer flu and other adult and senior vaccinations in long-term care facilities and community settings
The Challenge

School-located immunization clinics pose a huge administrative burden for health departments and school systems:

- Disseminating consent forms
- Counting and organizing forms
- Collecting and ensuring completeness of forms
- Organizing clinics and generating reports

Reproducing, disseminating, and processing consent forms is costly

- Can cost >$8,000 per county to reproduce and distribute
- Takes ~3 minutes to enter one consent form...

10,000 X 3 mins = 30,000 mins = 500 hours = 12.5 weeks for 1 FTE
The Solution: ReadiConsent℠ and ClinicReadi℠

Partnership between Maryland Partnership for Prevention (MPP) and Association of Immunization Managers (AIM) to develop models to increase adolescent vaccination rates

Objectives

- Reduce major administrative burdens associated with planning and implementing school-located and other community-based clinics
- Reduce expenses associated with reproduction and processing of consent forms
- Determine applications for solution
- Save trees!
ReadiConsent<sup>SM</sup>

- Electronic consent form that can be accessed through a mobile device or PC
- Collects demographic and insurance information, asks medical contraindication questions, provides VIS, and secures signature
- Populates spreadsheets and reports that can be used for clinic management, billing, and upload into IIS
- Notifies parents electronically following vaccination
CONSENT FOR VACCINATION - YOU MUST SIGN THIS FOR YOUR CHILD TO BE VACCINATED

By signing this form, I give permission for my child to be vaccinated, for my insurance company to be billed for the vaccination(s), and the information about my child's immunization(s) to be entered into the state immunization registry. I also agree that the above information is correct and that:

(1) I have read the current Vaccine Information Statement(s) for the selected vaccine(s) or someone has read it/written to me.
(2) I understand the risks and benefits of getting the selected vaccine(s).
(3) Any questions I had about the vaccine(s) have been answered.

Click here to sign with your fingerprint or mouse

This is a required field. Please save in the upper right corner of the signature field after signing.

Signature of Parent/Legal Guardian

Date

05/1/2018
ClinicReadi\textsuperscript{SM}

- Software program populated by ReadiConsent\textsuperscript{SM} data and system user
- Compiles student information by school, county/region, etc.
- Various levels of users and access; special functions and access for school personnel
- Generates reports and spreadsheets for clinic management, vaccine management, billing, upload into IIS.
## Upcoming Clinics

<table>
<thead>
<tr>
<th>Date</th>
<th>County</th>
<th>School Name</th>
<th>Links</th>
<th>Clinic Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-25-2017</td>
<td>Anne Arundel</td>
<td>Arnold @ Severn River MS Elementary School</td>
<td>Registration List</td>
<td>Cancel!</td>
</tr>
<tr>
<td></td>
<td>County</td>
<td></td>
<td>Edit Clinic</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Clinic Activity Report</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Customized Report</td>
<td></td>
</tr>
<tr>
<td>10-25-2017</td>
<td>Anne Arundel</td>
<td>Severna Park Elementary School</td>
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<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td>Clinic Activity Report</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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<td>Anne Arundel</td>
<td>Gosh Hill Elementary School</td>
<td>Registration List</td>
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</tr>
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<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td>Clinic Activity Report</td>
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<td>Customized Report</td>
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<td>10-25-2017</td>
<td>Anne Arundel</td>
<td>Jones Elementary School</td>
<td>Registration List</td>
<td>Cancel!</td>
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<td>Cancel!</td>
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<td>Anne Arundel</td>
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<td>Registration List</td>
<td>Cancel!</td>
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<td></td>
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<td>Clinic Activity Report</td>
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<td>Customized Report</td>
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Edit a Clinic

<table>
<thead>
<tr>
<th>Clinic Date</th>
<th>County</th>
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</thead>
<tbody>
<tr>
<td>10 25 2017</td>
<td>Anne Arundel County</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Clinic Location</th>
<th>Number of Students Registered</th>
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</thead>
<tbody>
<tr>
<td>Arnold @ Sever River MS Elementary School</td>
<td>123</td>
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</table>

<table>
<thead>
<tr>
<th>Lead Vaccinator's Name</th>
<th>Clinic Staff Person's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melody Mouse</td>
<td>Donald Duck</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinic Staff Person's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minnie Mouse</td>
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</table>

<table>
<thead>
<tr>
<th>Vaccine Name</th>
<th>Vaccine Manufacturer</th>
<th>Vaccine Lot Number</th>
<th>Number of Doses</th>
<th>Action</th>
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<tbody>
<tr>
<td>PruLaval</td>
<td>GlaxoSmithline</td>
<td>7N74P</td>
<td>150</td>
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Submit  Cancel
### Clinic Activity Form

**Clinic Date:** 10-05-2017  
**County:** Howard County  
**Location:** [Redacted] Middle School

<table>
<thead>
<tr>
<th>Vaccine Name</th>
<th># Lot Number</th>
<th># of Starting Doses</th>
<th># Doses Administered</th>
<th># Unusable Doses</th>
<th># Doses Returned</th>
<th>Default</th>
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<tr>
<td>Fluzonel</td>
<td>7N4P</td>
<td>200</td>
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<tr>
<td>Fluzone</td>
<td>12545</td>
<td>20</td>
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<td>Yes</td>
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**TOTALS:** 220 0 0 0 0

---

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<tr>
<th>Student Name</th>
<th>DOB</th>
<th>Vaccinated</th>
<th>Refused</th>
<th>Sick</th>
<th>Absent</th>
<th>Reaction</th>
<th>Action</th>
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</tr>
</tbody>
</table>
Methodology

For two (suburban/rural) counties:
- Return rate of 1,000 per day
- After three days, return rate slowed dramatically

In two (suburban/rural) counties:
- Only Electronic notification sent to families via email
- After slowed return rate, sent two-pager in hard copy to families

In one (rural) county:
- Paper consent with instructions for electronic consent sent to families
Outputs and Outcomes

- 250,000 families educated about flu and introduced to ReadiConsent℠
- >200 school nurses trained on ClinicReadi℠
- >130 clinic staff trained on ClinicReadi℠
- 224 School Clinics Held
- Up to 2,500 students vaccinated in one day
Outputs and Outcomes (cont.)

- 25,000+ Children Vaccinated in Five Weeks

- 36% of consenting families completed electronic consent, including:
  - 49.7% of suburban families
  - 23.9% of rural/suburban families
  - 66.8% of high school families
  - 54% of families with income >$68,000
Who is More Likely to Complete Online Consent?

- Suburban families (v. rural)
- High school families
- Privately insured
- High-earning families (> $68,000 per year)
Successes

- Demonstrated potential to save trees and money
- Efficiency at all phases of clinic planning and implementation
- Process and system for releasing electronic consent
- More than 3 months of manual data entry saved
- Countless hours of time saved planning preparing for clinic
Challenges and Opportunities

- Some school systems do not have email addresses or current numbers for families
- IT capabilities of some schools
- Resistance from schools, health departments, and/or parents
- School nurses’ computer experience
- Tech support
Lessons Learned

- Include paper consents in early phase of roll-out of electronic consent

- Engage all partners in development of software and app

- Secure tech support early

- Tailor dissemination and outreach based on uptake from previous years
Questions?

Tiffany Tate
Office: 410-902-4677
tiffany.tate@immunizemaryland.org
Obtaining Adult Consent for Continued Enrollment in the Texas Immunization Registry

Diedre Ehule, MSPH
Williamson County and Cities Health District
Immunization Division
Program Specialist
Region 7
→ 30 counties
→ 7 LHDs
Williamson County, TX

2017 Pop: 547,828

One of the fastest growing counties in the US

2010 - 2018:
Texas population increased by 13.47%
Williamson County population increased by 29.61%

1,134 sq mile area

Borders Austin - Travis County

Ranked 2nd healthiest county in TX
TIIS Consent

→ Texas has one of only two opt-in registries in the nation

→ Consent for registry at birth

→ 18th birthday = Signed Adult Consent before 26th birthday
State mails out postcard notices to 18 year olds

TIIS produces bi-monthly reports to LHDs on soon to be 18 year olds for targeted outreach
Regional Data Showed

In 2017
97,373 Pending Adults

457 Consented Adults

Restoration rate of about .467%
How can we improve upon these results?
Objectives

➔ Pilot active outreach
➔ Increase number of adult consent obtained
➔ Improve methods for obtaining adult consent
Methods and Materials

➔ Personalized letter
➔ TIIS pamphlet
➔ Pre-filled Adult Consent Form
➔ Copy of IIS Immunization Record
➔ Postage-paid return envelope
## Findings

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letters</td>
<td>100 letters sent</td>
<td>113 letters sent</td>
</tr>
<tr>
<td>Signed</td>
<td>29% signed adult consent forms</td>
<td>20% signed adult consent forms</td>
</tr>
<tr>
<td>Undeliverable</td>
<td>6% returned undeliverable</td>
<td>12% returned undeliverable</td>
</tr>
<tr>
<td>Response</td>
<td>65% no response</td>
<td>67% no response</td>
</tr>
</tbody>
</table>
Conclusions drawn from this pilot project...
Limitations

- Labor intensive
- Monetary investment
  - Employee time
  - Postage
- Bias on selection of clients
Positive Outcomes

➔ Successful in obtaining adult consent
➔ Expand immunization registry initiatives in Williamson County
➔ Higher response rate
.47% vs 20%

Generated a significant outcome
Future Efforts

➔ Conducting another cycle
➔ Incorporating into daily tasks
➔ TIIS to prefill consent forms
THANK YOU!

Diedre Ehule, MSPH
diedre.ehule@wilco.org
(512) 248-7637