#### Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Rick Scott Governor

John H. Armstrong, MD, FACS State Surgeon General & Secretary

# INTEROFFICE MEMORANDUM

DATE:

March 10, 2016

TO:

County Health Department Directors/Administrators

FROM:

Anna Marie Likos, MD, MPH For AL

Director, Division of Disease Control and Health Protection

SUBJECT:

Kindergarten and Seventh Grade Validation Assessment School Year 2015-2016

#### INFORMATION ONLY

Each October, public and private schools submit reports indicating the immunization status of their kindergarten and/or seventh-grade students, as required by section 1003.22(8), Florida Statutes. County health department (CHD) and Department of Education (DOE) staff compile and submit the data to the DOH's Division of Disease Control and Health Protection Immunization Section (Immunization Section) for tabulation. These are then published in the annual *Kindergarten and Seventh Grade Immunization Status Report* (Status Report).

Since the data are self-reported, the Immunization Section field staff representatives conducts an annual *Kindergarten and Seventh Grade Validation Assessment (Validation Assessment)* to evaluate accuracy of the Status Report results and to determine if improvement in immunization levels occurred. Below are the findings of the Validation Assessment.

### Method:

The ratio of Florida kindergartens fitting sample selection criteria was 77 percent public and 23 percent private. Based on the ratio, 120 kindergartens were randomly selected: 92 public and 28 private. The ratio of schools with a seventh grade was 69 percent public and 31 percent private. Based on the ratio, 120 schools were also randomly selected: 83 public and 37 private. The public population was obtained from the DOE's *Membership by School by Grade* report, while the private population was obtained from the DOE's *Florida Private Schools Directory*.

Field staff representatives audited 10 randomly selected immunization records per school for the appropriate grade, totaling 240 schools (or 2,400 immunization records). The results of this report reflect those 2,400 randomly selected records.

#### Results:

 The rate of kindergarten students who received all required immunizations for their grade was 92.9 percent, compared to the 93.7 percent reported in the Status Report. This is the lowest kindergarten rate validated in over a decade. (State and national goal: 95 percent)

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- The rate of seventh-grade students who received all required immunizations for their grade was 90.6 percent—quite a difference from the 96.3 percent reported in the Status Report. The seventh grade rate has not been this low since the 2012–2013 school year (also 90.6 percent); and is also the lowest rate validated in over a decade. (State goal: 95 percent; national goal: 90 percent).
- The rate of kindergarten and seventh-grade students who had either no immunization record or
  had an improperly certified immunization record was 5.3 percent and 17.4 percent respectively,
  compared to the percentage of students categorized as Out-of-Compliance (OOC) in the Status
  Report: 0.1 percent and 0.2 percent, respectively. This continued gap is evidence of the
  importance of understanding how to interpret an immunization record.
- The percentile differences for kindergarten students may primarily be due to schools coding students who had received all required immunizations but also had an improperly certified immunization record, as Part A-Complete (for the Status Report) only, when their immunization record was certified as Part B-Temporary in error. During the Validation Assessment, field staff representatives are able to code both Part A-Complete and that the record was improperly certified.
- The percentile differences for seventh-grade students was primarily due to the large number of immunization records that were certified as Part A-Complete in error, as the student did not receive the required dose Tdap vaccine.

## **Opportunities for Improvement:**

- Contact those medical providers who incorrectly certified immunization records. Provide the
  Creating Forms in Florida SHOTS link regarding electronic immunization record certification.
  Provide a physical and/or electronic copy of the current Immunization Guidelines for Florida
  Schools, Childcare Facilities and Family Daycare Homes (Immunization Guidelines).
- Contact those schools who reported high Temporary Medical Exemption (TME) and/or OOC
  rates. Consult with the person(s) responsible for verifying student immunization records and
  request to review those together. Provide guidance related to school immunization requirements
  as well as provide a copy of the current *Immunization Guidelines*. Often, schools code
  immunization records that have an expired TME as a (valid) TME, when they should be coded
  as OOC.
- Contact those schools who reported high rates of TMEs, 30-Day Transfer exemptions, and/or OOCs. If not already in use, explain the benefits of having a reliable tracking system by immunization record expiration date. Many times schools code 30-Day exemptions that are past 30 days (that is, expired) as 30-Day exemptions, when they should be coded as OOC.
- Schools should discontinue allowing entry or attendance to students from other states or countries who do not provide a valid Florida-issued immunization record. Instead, refer those students to a local CHD for immunization services, and exclude them from school until compliance is met. Students transferring from another county in Florida may be given 30 days to provide proper immunization documentation. Note that the current Immunization Guidelines do not accurately reflect section 1003.22(5)e, Florida Statutes, in that the Immunization Guidelines state that students transferring interstate (from another state) into a

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Florida school may be issued a 30-Day exemption. The *Immunization Guidelines* are currently being revised to remove the incorrect information (see Page 11, A(1)a).

If you have questions regarding this assessment, please contact your area field staff representative or our survey and assessment consultant, Ms. Amy Wilson, at 850-245-4342, extension 2395.

AL/RMG/aw Enclosures

cc: Department of Education

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Immunization Section

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Enclosure 1

Table 1
Immunization Status of Kindergarten and Seventh-Grade Students
Comparison of Annual Status Report and Validation Assessment
Florida, 2015–2016 School Year

	KINDE	RGARTEN	SEVENTH GRADE		
	Status Report	Validation Assessment	Status Report	Validation Assessment	
Survey Enrollment	224,430	1,200	225,799	1,200	
Percent Fully Immunized with Required Vaccines	93.71	92.9 <sup>1</sup> <u>+</u> 1.5	96.32	90.6 <sup>2</sup> ± 1.7	
Percent Temporary Medical Exemptions	2.9	0.9 <u>+</u> 0.5	1.6	0.1 <u>+</u> 0.2	
Percent Permanent Medical Exemptions	0.3	0.0 <u>+</u> 0.0	0.3	0.1 <u>+</u> 0.2	
Percent Valid Religious Exemptions	1.9	2.2 <u>+</u> 0.8	1.3	1.2 <u>+</u> 0.6	
Percent 30-Day Exemptions	1.0	0.1 ± 0.2	0.4	0.2 ± 0.2	
Percent with Improperly Certified or No Immunization Record (DH Form 680)	0.1	5.3 <u>+</u> 1.3	0.2	17.4 <u>+</u> 2.1	

<sup>1</sup>Five or more (valid) doses of any diphtheria and tetanus toxoids and pertussis vaccines including diphtheria and tetanus toxoids, and any acellular pertussis vaccine (DTaP/DTP/DT), 4 or more doses of any poliovirus vaccine, 2 doses of measles, mumps, and rubella (MMR) vaccine, 3 or more doses of hepatitis B vaccine, and 2 doses of varicella vaccine (or disease history) are administered. Four doses of DTaP vaccine and 3 doses of poliovirus vaccine are acceptable if the last dose of each was administered on or after child's fourth birthday.

<sup>2</sup>Four or more (valid) doses of any diphtheria and tetanus toxoids and pertussis vaccines (DTaP/DTP/DT) and 1 dose of Tdap (tetanus toxoid, reduced diphtheria toxoid, and, acellular pertussis) vaccine, 4 or more doses of any poliovirus vaccine, 2 doses of measles, mumps, and rubella (preferably as MMR), 3 or more doses of hepatitis B vaccine, and 2 doses of varicella vaccine (or disease history) are administered. One dose of Tdap and 2 doses of Td are acceptable if following the CDC's Catch-up Immunization Schedule for Persons Aged 4 Months through 18 Years who start late or who are more than 1 month behind—United States, 2016. Three doses of poliovirus vaccine are acceptable if the last dose was administered on or after child's fourth birthday.

<b>Table 2</b> Statewide Kindergarten Validation Assessment Florida, 2015–2016 School Year							
Survey Enrollment		1,200	)				
Percent Fully Immunized with Required Vaccines	92.91	<u>+</u>	1.5				
Percent ≥ 4 DTaP	95.0	±	1.2				
Percent ≥ 3 Polio	94.9	<u>±</u>	1.2				
Percent 2 MMR		<u>+</u>	1.2				
Percent 3 Hepatitis B		±	1.1				
Percent 2 Varicella	94.6	<u>+</u>	0.4				
Percent Varicella Disease History	0.4	<u>+</u>	0.4				

<sup>1</sup>Five or more (valid) doses of any diphtheria and tetanus toxoids and pertussis vaccines including diphtheria and tetanus toxoids, and any acellular pertussis vaccine (DTaP/DTP/DT), 4 or more doses of any poliovirus vaccine, 2 doses of measles, mumps, and rubella (MMR) vaccine, 3 or more doses of hepatitis B vaccine, and 2 doses of varicella vaccine (or disease history) are administered. Four doses of DTaP and 3 doses of poliovirus are acceptable if the last dose of each was administered on or after child's fourth birthday.

<b>Table 3</b> Statewide Seventh Grade Validation Assessment Florida, 2015–2016 School Year							
Survey Enrollment	1,200						
Percent Fully Immunized with Required Vaccines	90.62	±	1.7				
Percent Tdap	92.4	<u>±</u>	1.5				
Percent 2 MMR	96.8	<u>+</u>	1.0				
Percent 3 Hepatitis B	97.6	±	0.9				
Percent 2 Varicella	95.0	<u>+</u>	1.2				
Percent Varicella Disease History	0.9	<u>±</u>	0.5				

<sup>2</sup>Four or more (valid) doses of any diphtheria and tetanus toxoids and pertussis vaccines (DTaP/DTP/DT) and 1 dose of Tdap (tetanus toxoid, reduced diphtheria toxoid, and, acellular pertussis), 4 or more doses of any poliovirus vaccine, 2 doses of measles, mumps, and rubella (preferably as MMR), 3 or more doses of hepatitis B vaccine, and 1 dose of varicella vaccine (or disease history) are administered. One dose of Tdap and 2 doses of Td are acceptable if following the CDC's Catch-up Immunization Schedule for Persons Aged 4 Months through 18 Years who start late or who are more than 1 month behind—United States, 2016. Three doses of poliovirus vaccine are acceptable if the last dose was administered on or after child's fourth birthday.