

SCHOOL LOCATED VACCINATION (SLV) IN MICHIGAN



SLV in Michigan works well in large part due to the statewide immunization registry.

- Michigan has the 4th largest number of school based/linked health centers in the US.
- Local health departments have a history of providing school located vaccination for “blitz” type immunization (e.g., Hepatitis B and Influenza).
- State education funding to school districts is tied to immunization “completeness” thresholds. Numbers are reported twice per year to the state.
- A statewide web-based immunization registry was legislatively mandated in 1996 and became operational in 1998. (Originally called the Michigan Childhood Immunization Registry (MCIR); it became the Michigan Care Improvement Registry in 2006 when persons older than 20 were included in the registry).
- How it works: Providers enter all immunization data into the MCIR (opt-out consent required) and registered MCIR users can view the data. All Michigan school districts are users and can view data.

Michigan SLV - how this works:

- 68 state-funded (this is partial funding) health centers across the state. Best way to start a good relationship with the host school is to increase immunization compliance.
- Health centers serve either youth ages 5-10 or 10-21 (some serve both groups).
- Health centers are typically in medically underserved areas serving high need/high risk populations.
- Minimum Program Requirements include provision of “primary care” including immunizations (this includes MCIR training, use and review for compliance).
- Consent is obtained usually in conjunction with other general “school year starting” materials. Each health center has site specific policies/procedures on how vaccinations are given.
- Health centers are all VFC sites and are also required to have “private stock” for those not VFC eligible.
- Health centers must have a medical director. Fiduciary is usually a HD, health system, or FQHC so malpractice and other risks are covered as part of their responsibilities.
- **In 2009 the health centers gave 14,373 immunizations, all of which went into the MCIR. 1,664 influenza vaccines were given.**
- Parents receive a paper copy of the updated immunization record. The primary care provider sees the immunization data through the registry.

MCIR impact in our state:

- All school districts use the registry – 4,900 school buildings and daycare centers
- 98% of all providers of immunizations use the registry – 100% of pediatricians and nearly 100% of family medicine providers.
- 100% of hospitals use the registry
- Pharmacies and long term care facilities are now on the registry.
- **6.3 million persons (out of a population of 10 million) are in the registry – 74 million vaccine records**
- **Highest percentage of completed Tdap series in the US.**
- Immunization coverage maps by school district are available. Local health departments can see new entries, data by county, and aggregate data by district or building. They can then target where and what coverage is needed.
- **MCIR prints reports, patient reminders (for providers) and letters (for schools). Any user can create a roster of their clients (students) and receive all individual immunization data for the roster.**
- MCIR receives data on **web-based** interface from health care providers, health departments, other providers, **EMRs, billing systems**, and paper scan reports. BUT, electronic records are not ready to receive data from MCIR. Bi-directional messaging is being developed.