



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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September 3, 2020

The Honorable Pat McCarthy
Washington State Auditor
P.O. Box 40021
Olympia, Washington 98504-0021

Dear Auditor McCarthy:

Thank you for the opportunity to review and respond to the State Auditor's Office performance audit report, "Common Barriers to Compliance with Student Immunization Requirements." As noted in the report, vaccinating children is an important public safety measure and a top priority for the Department of Health (DOH).

We recognize that schools, and not DOH, were the focus for this report. Moreover, we see that your report issued no recommendations to our department. However, since our data was used to inform the audit, we would like to take this opportunity to provide some clarity around how the department collects school immunization data, reviews and reports it. Without this context, the current portrayal of immunization data could result in incomplete or inaccurate assertions about the data.

The audit may be interpreted to suggest that the data challenges mentioned are the responsibility of the department. However, if the department receives inaccurate or incomplete data from schools when they self-report, the department's final report will contain these inaccuracies. Consequently, it is important to provide context about which responsibilities the department has and which responsibilities lie with schools. Without the following contextual information, the current report seems to place the onus for these challenges solely on the department.

Per RCW 28A.210.110, schools must track each student's vaccination status and file an annual report of aggregated student vaccination rates with the department. However, the law does not contain an enforcement mechanism for the department to compel such reporting. Thus, the accuracy of the information depends on the schools' self-report to the department.

Schools collect immunization and exemption information from parents as part of the enrollment process. Schools then use a variety of methods to maintain the data. Some use a tool the department provides, called the School Module, which uses immunization medical record data provided by health care providers in the Immunization Information System (IIS). If schools are not using the School Module, then there is a higher chance for errors as schools rely on parents to self-report through the enrollment forms.

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Department staff review the aggregate data submitted by schools and checks for missing and potential errors in the data. However, DOH cannot validate the accuracy of the data because schools report aggregate data, not individualized student data.

DOH usually receives reports from at least 90 percent of schools. If a school's report is flagged during the review process or if it does not report, the department works with the school to follow-up in multiple ways, including email and phone calls to school leaders, school nurses, and administrative staff. DOH also sends "report cards" to schools, sharing the school's immunization rates compared with the rest of the state and providing recommendations on how to increase compliance rates. DOH publicly recognizes and sends a certificate to all schools that have 95 percent or more of their kindergartners fully immunized. School administrators can and sometimes do contact DOH if they feel the information on their report is incorrect.

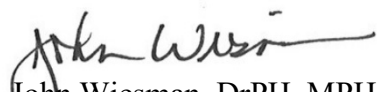
The department then produces the annual school immunization report using the schools' reported data. This is the report that is referenced in the performance audit report, "Common Barriers to Compliance with Student Immunization Requirements." The report is a one point-in-time snapshot of a school's aggregated student immunization data.

The performance audit states that "The Department of Health database lacked immunization data or showed zero kindergarten enrollment for schools in 29 out of 295 school districts." DOH does not agree with this characterization of the data as it implies that the onus is on the department and not on schools. Schools are required by law to report to the department, while DOH does not have a mechanism of enforcement. Although DOH partners with schools to assist them with reporting challenges, some schools still do not report. A more accurate portrayal of the data would state, "Out of 295 school districts, the Department of Health database contained 14 schools identified as not reporting and 15 schools identified as reporting zero kindergarten enrollment." This is an important distinction from the current language in the audit report because it recognizes that schools have the responsibility to report to the department.

Ensuring students are up-to-date on their immunization requirements is an important public health topic and a priority for DOH. Accurate and timely data is an important piece of this work. The department has and will continue to work with schools, providers, and parents to ensure kids are meeting their requirements and that the corresponding data is being collected and reported on accordingly.

Thank you again for the opportunity to comment on the performance audit.

Sincerely,



John Wiesman, DrPH, MPH
Secretary of Health