School Immunization Records
And State Immunization Registries

Produced for Arkansas Children’s Hospital
October 6, 2017

Written by Maria Jones, Jerri Derlikowski
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Introduction
In July 2016 stakeholders from multiple sectors convened at Arkansas Children’s Hospital for a day long exploration of the need to increase access to early childhood screenings and identified services. The session was hosted by Arkansas Children’s Hospital, the Arkansas Grade Level Reading Campaign and Arkansas Advocates for Children and Families. Included in this discussion was the challenge of insuring children receive all age appropriate immunizations. The work of reaching children in need of immunizations is complicated by incomplete data records in the state’s immunization registry. This issue has been studied for some time by the Arkansas Department of Health through the work of the Center for Health Protection-Immunization and Outbreak Control Branch. The Natural Wonders Partnership Council has also focused on the issue, primarily through its Access to Care discussions. Natural Wonders, convened by Arkansas Children’s Hospital, is an Arkansas coalition of organizations working together to improve health of children in Arkansas.

Outlining the Problem
This study will focus on reporting of school-age immunizations. For children who are school-aged, the reporting is most complete in school records maintained by local education agencies. Arkansas state law requires certain immunizations or authorized exemptions for student’s admission to school. All school records are protected by federal privacy laws which are discussed below. The Arkansas Department of Health (ADH) hosts the state’s immunization registry (WebIZ) which receives reports from the Arkansas Department of Education (ADE) with de-identified immunization records. Under normal circumstances, the records cannot be matched to existing WebIZ records to complete the records in the registry. Immunization reporting through WebIZ remains incomplete. To effectively address state health policy and identify needs for services in a data-driven, evidence-based manner, ADH needs a complete immunization registry.

Education Need
In addition to health issues, there is an education value to a climate of good health throughout the state. School nurses support student learning by implementing strategies to promote student and staff health and safety. School nurses serve as the health professional for the school community⁴. The ability to act collaboratively with state health officials regarding immunizations is important in preventing outbreaks of preventable disease that can disrupt student learning and in some cases entire school operations.

One of the most recent Arkansas examples was the 2016-17 mumps outbreak primarily occurring in Northwest Arkansas. The severity of the outbreak brought national attention to the state from a variety of sources including, National Public Radio, ABC News, and Scientific American. As a result of that outbreak, ADH required that students, in a school with a confirmed case of mumps, with exemptions for the MMR (Mumps, Measles, and Rubella) vaccine be excluded from school for 26 days from the date of exposure until the outbreak has ended. At that time, school districts impacted included Huntsville, Rogers, and Springdale⁵. Although the Arkansas Department of Health reports that the outbreak is officially over, almost 3,000 cases were reported and investigated.⁶ The need to reduce wide-spread school exclusion through rapid public health response to these outbreaks demonstrates the education value to accurate and complete public health immunization records.

It should be noted that current practice for data sharing occurring in an emergency disease outbreak is slow even though legally allowable.
There are other student values to collaboration including unnecessary duplication of immunizations for students who see different medical providers over time without accurate records in the immunization registry. Reducing the number of excess doses students may receive benefits the student by reducing the number of adverse reactions to vaccines⁴.

**Methodology**

The scope of work for this study includes:

- Thorough exploration of what other states have done to successfully move past the HIPPA/FERPA barriers.
- Review of Arkansas laws or regulations that impact school nurses being able to write to the immunization registry.
- Recommendations of changes to allow schools to write to the Immunization Registry.

This work was accomplished by interviews with several Arkansas Department of Health (ADH) and Arkansas Department of Education (ADE) officials. ADH officials included: Dr. Jennifer Dillaha, Medical Director for Immunizations; Dr. Gary Wheeler, Chief Medical Officer; and Hilda Dupwe, Section Chief, Communicable Disease, Immunization Section. ADE staff interviewed included Dr. Eric Saunders, Assistant Commissioner of Research and Technology; Jennifer Davis, Attorney Specialist (FERPA); Carmen Jordan, Assistant Director of APSCAN Student Applications; Jerri Clark, School Health Services Director; and Cheria Lindsey, Registered Nurse Supervisor.

Calls and email communication was shared with the National Centers for Disease Control and Prevention (CDC). State research was completed through various state Immunization Registry Websites and handbooks. A state survey was completed. Academic papers outlining school access to state immunization registries were reviewed⁵,⁶. An exhaustive literature review was not conducted. Calls were made to selected states as needed to confirm electronic document information. Resources from the Advisory Committee on Immunization Practices (ACIP) and the Arkansas Immunization Action Coalition were reviewed.

**Information Inconsistencies**

It should be noted that state protocols were inconsistently reported in various research sources. Time lapses between the reports may have contributed to some inconsistency. Differences in specificity of the request, interpretation of the response, and the purpose of the requests may also contribute to the confusion.

State survey data responses at times differed from written records on state websites in addition to differing from research reports on the topic. This report methodology does not include phone surveys. Written surveys were valued as more accurate for these purposes.

**Challenges**

**Privacy Laws and Regulations**

The privacy of public health records is governed by the Health Insurance Portability and Accountability Act of 1996 as amended, or HIPAA. The privacy of student education records is governed by the Family Educational Rights and Privacy Act as amended, or FERPA.
The legal details are challenging but can be summed up through a brief description of this barrier to adding student immunization records to state immunization registries. FERPA prevents the disclosure of personally identifiable information in a student’s education record without the consent of a parent\(^7\). Any organization receiving funding from the U. S. Department of Education (ED) is subject to FERPA. FERPA covers “education records”. An “education record” is any record directly related to a student and maintained by an education agency. Student immunization records maintained by a school nurse are part of a student’s education record and protected by FERPA.

FERPA does not apply to persons or organizations providing health services to students, if the person or organization is not employed by or contracted with the school. This permits most school-based health units to comply with immunization registry requirements under HIPAA regulations. FERPA permits disclosure in the case of emergency situations, if the information is necessary to protect the student or others.

The data sharing issue was resolved with remarkable clarity in the February, 2004 “Letter to Alabama Department of Education re: Disclosure of Immunization Records.” The full letter is contained in Appendix A. Student health records cannot be shared without parental consent.

The HIPAA Privacy Rule at 45 C.F.R. Parts 160 and 164 address student health records. This guidance specifically states that the Privacy Rule does not apply to records subject to FERPA\(^8\). The Privacy Rule results in the ability of schools to see student data in the registry but FERPA restrictions prohibit school personnel from entering or updating data without parental consent. Interviews with the ADH staff responsible for maintaining the registry and a meeting among other ADH personnel and ADE staff further confirmed this understanding. The ADH registry manager reported that CDC had conducted a conference call cautioning health representatives to be sure parental consent was required and not to pass state laws that would violate FERPA\(^9\).

**Data Systems**

**WebIIZ**

Arkansas’s immunization registry maintained by ADH is referred to as WebIIZ. The CDC refers to the records collectively as Immunization Information Systems or IISs. ACIP advises that IISs are critical for consolidating vaccination records from multiple providers, providing information services to individuals, and for informing state coverage assessments\(^10\). Nationally, 86 percent of children aged 6 through 18 years were represented by immunization records in an IIS in 2012. The Healthy People 2020 objective (IID-18) is to increase this rate to 95 percent\(^11\). Act 432 of 1995 established the state immunization registry officially by law and in 2017 Act 880 permitted Arkansas to share immunization data with other states. Currently Arkansas only has an MOU with Kansas\(^12\).

**E-School**

Arkansas schools use electronic record-keeping to provide timely and accurate information to education professionals, parents, students and community stakeholders. E-School is a set of data dashboards used by local school staff for entering records such as grades and attendance. The dashboards also make it easier for local school officials to analyze school information. School nurses enter data into E-School to update or create new immunization records for students enrolled in Arkansas. These records include allowable exemptions as well as actual immunizations received by students. Schools can provide health data such as immunization and exemption records to health agencies, if the information does not
contain personally identifiable information. The ADE provides immunization records at the district level without personally identifiable information to the WebIZ. The data is de-identified and cannot be matched to WebIZ records.

Immunization Requirements


According to A.C.A. §6-18-702 and §20-78-206,

The district board of directors, superintendents and principals shall be responsible for enforcing immunization requirements with respect to kindergarten through grade 12 students in public schools. Kindergarten through grade 12 students are to be appropriately immunized in, pursuant to rules and regulations promulgated by the State Board of Health and the Arkansas Department of Education. No child shall be admitted to a public or private school without the age-appropriate immunizations, unless the Department of Health grants an exemption. A school may temporarily admit a child provided the child is in process of receiving the needed doses of vaccine or shows proof he/she has applied for an exemption for vaccines not received within thirty (30) calendar days after the child's original admission or by October 114.

Data Entry Concerns

Training and the time required for data entry are both concerns for school health staff entering data to the immunization registry, when there is parental consent. Data entered by school health staff is not intended as a replacement for data entry by the immunization providers. School nurse training would be required on the type of data that can be accepted for entry into the registry. Entering into a second record system, the registry, would require additional time of school nurses. The issue of the amount of time additional data entry would take nurses was raised by multiple health and education staff that were interviewed. The number of out-of-state students for the 2016-17 school year was 3,75615 or 0.79 percent of the total enrollment of 477,268. Looking at 2015 data, the number of school nurses paid by foundation funding only was approximately 45016 in the state. There may be additional nurses paid from other funds as well. This means that the workload averaged approximately eight students per nurse and less than 1 percent of the student population. Some nurses would be expected to serve more than eight and some less because the students would not be equally distributed.

Reporting Issues

Aside from the privacy issues that prohibit schools from sharing student immunization records with health officials, ADE reported that some charter schools do not enter the student immunization data they collect in E-School. Private schools don’t use E-School. Although mandated by law, Health professionals may not always report in the state WebIZ. According to state health and education officials, the biggest reporting challenge is from students who are enrolling from out of state.

State Data Sharing Protocols

State data sharing protocols can be generally grouped into one of four types:
1. The state immunization registry does not share records (read or write access) with school nurses
2. The state immunization registry shares records through read access with school nurses but does not allow the nurse to write to the registry even when the school has parental consent
3. The immunization registry allows the school nurse to read and to write (add or update records) to the registry with parental consent
4. The immunization registry allows school nurses read access and requires school nurses to add or update records without explicit signed parental consent. These states have a parental opt-out option.

There are different processes for each of the four which vary by state. For example, in Mississippi school nurses can call to get information but cannot login to the registry with read only access to see a student record.

This research report focused only on the authorization states use when nurses are permitted to read or update records in the registry. Two studies, by Balog and Bobo, were used to guide the selection of states for further examination. State policy reviewed through public information posted on state registry websites is included in Appendix B. All state immunization registry managers were surveyed via email as well. States responding to the survey are listed in a separate table in Appendix C. In addition to states cities which maintain their own registries and U.S. territories were also included in the email survey.

Arkansas registry officials were interviewed in person and the Arkansas data arrangements were described earlier. According to Katelyn Wells, Research and Development Director for the Association of Immunization Managers, the email survey data is likely to be more accurate in some instances than the information on a state’s websites.

Almost all states in this study require parental consent if a nurse is permitted to add or update records in the immunization registry. Only two states, Nevada and Louisiana, report that they permit nurses to add or update records without parental consent. Instead, the parent must opt-out from data sharing explicitly in writing. Research detailed earlier in the report indicates that this data sharing protocol violates Federal law.

Washington DC Data Sharing Protocol
Washington DC (DC) has a more unusual approach to the data sharing issue than any of the states. While it is presented here in the interest of complete reporting, this approach is not recommended. A Memorandum of Agreement was executed between the DC Department of Health (DCDOH), DC Department of Health Care Finance (Medicaid), and DC Public Schools (State Education Agency, SEA).

The MOA states that the agencies have determined that these three agencies have legitimate educational interests to the extent such records are used to perform institutional services on behalf of the State Education Agency (DC is an SEA) and not for any other purpose. The agencies acknowledge that records must be maintained in accordance with FERPA.

Medicaid and DOH acknowledge:
1. That their personnel accessing education records are considered school officials for purposes of providing services under the MOA.
2. They are operating on behalf of SEA with respect to records they access through the agreement.
3. They are under control of SEA with respect to use of school records.

4. They are subject to FERPA with respect to use of personally identifiable information. They may not use records for their own agency specific purposes.

DOH and SEA must comply with HIPAA on any shared Medicaid data including de-identifying data as required. DOH and SEA must also comply with HITECH.

Managed Care Organizations are contractors of Medicaid and school nurses of DOH which allows their access to data. Data transfer passwords and other relevant security protocols are required. All data remains the property of the original owner.


Further notes on this MOA include that Head Start Compliance and Medicaid are the basis for the agreement. It doesn’t apply to all students. In this arrangement, schools provide a list of all students but only the Medicaid eligible are addressed, once the match is made. The logic is based on the idea that the SEA is required to ensure that all students are compliant on immunizations. In that respect DOH and Medicaid become agents of the SEA. The SEA owns the registry.

School Nurse Access Terminology
There has been some confusion regarding the school and immunization registry agreements. When there are anecdotal reports such as “other states are doing it (schools writing to registries)” or “our schools can enter data in our registry,” in most cases that means the registry has given permission for the school nurse to enter data but it does not mean that the school nurse does so without parental consent. The permission is one-way. Registries share permission with schools but schools do not share data to registries without parental consent.

Conclusion
FERPA legislation makes it unlawful to share any information that can be considered a school record without explicit parental consent. Opt-out provisions that allow school officials to enter data unless there is an opt-out request made violate federal law. State laws cannot be constructed to supersede federal law. FERPA is the barrier, not HIPAA. If FERPA was modified to allow sharing of student health records there would still be concerns related to school nurse training on acceptable immunization records for registry purposes and school nurse time required to enter duplicate records. The latter concern might be addressed electronically but that would require programming and additional MOUs covering electronic data sharing.

Recommendations
Several of the recommendations listed below can be connected to the recommendations outlined by the Communities in Action: Pathways to Health Equity report published in January 2017. Those most directly addressed are recommendation 6-3 and 6-5.
Immediate
School nurses should ask parents of students newly enrolling from out-of-state to complete a parental consent form authorizing school nurses to share the student record with the ADH. The consent will be requested during registration at the time all parents are providing proof of immunization. This is feasible because the number of students newly enrolling from out-of-state is a small percentage of total student enrollment. ADH and ADE will need to communicate to determine what actions are required to implement this recommendation. A sample parental consent form from the U.S. Department of Education is found in Appendix D. The sample provided references sharing attendance records as well. That portion of the sample could be deleted.

Short-term
Once the out-of-state parental consent form and reporting protocols are implemented, determine the feasibility of expanding the system for use with all students.

Establish more school based health centers operated by independent health providers that can share health data in accordance with HIPAA requirements but not subject to FERPA.

Build additional interstate agreements for sharing immunization records between states18.

Long-term
Work to limit Medicaid reimbursement for immunizations if they are not entered in the state registry or penalize providers who receive reimbursement for immunizations without entering it into the state registry. This would require a review of Medicaid records for immunizations in a way that would identify which are entered in the registry and which are not.

Educate federal officials regarding the adverse impact and duplication of effort with the current FERPA guidelines. Seek a carve-out agreement at the federal level on public health data maintained by schools. Establish that school health data can also be maintained by state level health agencies. Justifications include public health and safety, cost savings and eliminating duplicate immunizations.
Appendix A. Letter to Alabama Department of Education re: Disclosure of Immunization Records

February 25, 2004

Ms. Martha Holloway
State School Nurse Consultant
Department of Education
Gordon Persons Building
P.O. Box 302101
Montgomery, Alabama 36130-2101

Dear Ms. Holloway:

This is in response to the information you provided this Office on January 23, 2004. Specifically, you faxed us a memorandum dated April 22, 2003 from Donald E. Williamson, M.D., State Health Officer, Alabama Department of Public Health (DPH), that was addressed to superintendents and head masters. In the memorandum, Dr. Williamson noted that concerns had been raised regarding the "sharing information with the [DPH] regarding immunizations." Dr. Williamson went on to state that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) applies to students' immunization records and that HIPAA permits schools to disclose these records to the DPH. He also stated:

The U.S. Department of Health and Human Services (HHS), who promulgated the HIPAA regulations, and the Centers for Disease Control [and Prevention] (CDC) recently emphasized the public health exception to HIPAA in guidance issued on April 11, 2003. The guidance states that covered entities may disclose protected health information to public health entities, without patient authorization, for the conduct of public health surveillance, investigations, or interventions, as well as for the purpose of preventing or controlling diseases. Additionally, the HHS Office of Civil Rights guidance issued on July 6, 2001 states that covered entities may rely on the judgement (sic) of a public health entity when requesting a disclosure as to the minimum amount of information that is needed by Public Health.

When I was in Montgomery and Birmingham in January conducting training sessions on the Family Educational Rights and Privacy Act (FERPA), I received several questions concerning the applicability of FERPA to immunization and other health records maintained by schools subject to FERPA. You asked that we comment on Dr. Williamson's assertion that student immunization records are covered by HIPAA and whether or not FERPA applies. As you know, this Office administers FERPA. See 20 U.S.C. § 1232g; 34 C.F.R Part 99 (2003).

FERPA is a federal law that protects privacy interests of parents in their children's "education records," and generally prevents an educational institution from having a policy or practice of disclosing the education records of students, or personally identifiable information contained in education records, without the written consent of the parent. The term "education records" is defined as all records, files, documents and other materials which contain information directly related to a student and are maintained by the educational agency or institution or by a person acting for such agency or institution. 20 U.S.C. § 1232g(a)(4)(A); 34 C.F.R § 99.3 "Education records."

Additionally, the records of a student that pertain to services provided to that student under the Individuals with Disabilities Education Act (IDEA) are "education records" under FERPA and are subject to the confidentiality provisions under IDEA (see 34 C.F.R §§ 300.560-300.576) and to all of the provisions of FERPA. When a student reaches the age of 18 or attends an institution of
postsecondary education, the student is considered an "eligible student" under FERPA and all of the rights afforded by FERPA transfer from the parents to the student. 20 U.S.C. § 1232g(d); 34 C.F.R § 99.3 "Eligible student."

A K-12 student's health records, including immunization records, maintained by an educational agency or institution subject to FERPA, including records maintained by a school nurse, would generally be "education records" subject to FERPA because they are 1) directly related to a student; 2) maintained by an educational agency or institution, or a party acting for the agency or institution; and 3) not excluded from the definition as treatment or sole possession records, or on some other basis. 20 U.S.C. §1232g(a)(4)(a).

The HIPAA Privacy Rule at 45 C.F.R. Parts 160 and 164 provides additional guidance with respect to the treatment of student health records including immunization records. Specifically, the HIPAA Privacy Rule establishes guidelines to protect the privacy of Protected Health Information (PHI). PHI is defined as: "individually identifiable health information: (1) except as defined in paragraph 2 of this definition that is: (i) transmitted by electronic media; (ii) maintained in electronic media; or (iii) transmitted or maintained in any form or medium. (2) Protected health information excludes individually identifiable health information in:

(i) Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g;

(ii) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and

(iii) Employment records held by a covered entity in its role as employer." See 45 C.F.R. §160.103.

Thus, education records, including individually identifiable health information contained in such records, that are subject to FERPA, are specifically exempt from the HIPAA Privacy Rule. The reason for this exemption is that Congress, through FERPA, previously addressed how education records should be protected.

Therefore, student immunization records that are maintained by an educational agency or institution subject to FERPA that directly relate to a student or students are considered to be education records under FERPA and are not subject to the HIPAA Privacy Rule. Accordingly, HIPAA neither authorizes nor permits the disclosure of these records.

Under FERPA, there are a number of several specific statutory exceptions to the general rule against nonconsensual disclosure that are set forth at 20 U.S.C. § 1232g(b)-(j) and 34 C.F.R § 99.31. However, there is no exception to FERPA's prior consent rule that would permit a school subject to FERPA to disclose health or other immunization records to a State health agency such as DPH under the circumstances described in Dr. Williamson's April 22, 2003 memorandum. A very limited exception to FERPA's prior consent rule allows educational agencies and institutions to disclose personally identifiable non-directory information to appropriate officials in connection with a health or safety emergency. Specifically, FERPA provides that education records may be disclosed without consent:

in connection with an emergency [to] appropriate persons if the knowledge of such information is necessary to protect the health or safety of the student or other persons.

20 U.S.C. § 1232g(b)(1)(I). However, the regulations implementing this provision at 34 C.F.R §§ 99.31(a)(10) and 99.36 indicate that these conditions will be "strictly construed."

The exception to FERPA's prior written consent requirement was created with the first FERPA amendments that were signed into law on December 13, 1974. The legislative history demonstrates that Congress intended to limit application of the "health or safety" exception to exceptional circumstances, as follows:
Finally, under certain emergency situations it may become necessary for an educational agency or institution to release personal information to protect the health or safety of the student or other students. In the case of the outbreak of an epidemic, it is unrealistic to expect an educational official to seek consent from every parent before a health warning can be issued. On the other hand, a blanket exception for "health or safety" could lead to unnecessary dissemination of personal information. Therefore, in order to assure that there are adequate safeguards on this exception, the amendments provided that the Secretary shall promulgate regulations to implement this subsection. It is expected that he will strictly limit the applicability of this exception.

Joint Statement in Explanation of Buckley/Pell Amendment, 120 Cong. Rec. S21489, Dec. 13, 1974. (These amendments were made retroactive to November 19, 1974, the date on which FERPA became effective.)

This Office has consistently interpreted this provision narrowly by limiting its application to a specific situation that presents imminent danger to students or other members of the community, or that requires an immediate need for information in order to avert or diffuse serious threats to the safety or health of a student or other individuals. While the exception is not limited to emergencies caused by terrorist attacks, the Department's Guidance on "Recent Amendments to [FERPA] Relating to Anti-Terrorism Activities," issued by this Office on April 12, 2002 provides a useful and relevant summary of our interpretation (emphasis added):

[T]he health or safety exception would apply to nonconsensual disclosures to appropriate persons in the case of a smallpox, anthrax or other bioterrorism attack. This exception also would apply to nonconsensual disclosures to appropriate persons in the case of another terrorist attack such as the September 11 attack. However, any release must be narrowly tailored considering the immediacy, magnitude, and specificity of information concerning the emergency. As the legislative history indicates, this exception is temporally limited to the period of the emergency and generally will not allow for a blanket release of personally identifiable information from a student's education records.

Under the health and safety exception, school officials may share relevant information with "appropriate parties," that is, those parties whose knowledge of the information is necessary to provide immediate protection of the health and safety of the student or other individuals. (Citations omitted.) Typically, law enforcement officials, public health officials, and trained medical personnel are the types of parties to whom information may be disclosed under this FERPA exception....

The educational agency or institution has the responsibility to make the initial determination of whether a disclosure is necessary to protect the health or safety of the student or other individuals. ...

In summary, educational agencies and institutions subject to FERPA may disclose personally identifiable, non-directory information from education records under the "health or safety emergency" exception only if the agency or institution determines, on a case-by-case basis, that a specific situation presents imminent danger or threat to students or other members of the community, or requires an immediate need for information in order to avert or diffuse serious threats to the safety or health of a student or other individuals. Any release must be narrowly tailored considering the immediacy and magnitude of the emergency and must be made only to parties who can address the specific emergency in question. This exception is temporally limited to the period of the emergency and generally does not allow a blanket release of personally identifiable information from a student's education records to comply with general requirements under State law. Certainly, an outbreak of diseases such as measles, rubella, mumps, and polio not only pose threat of permanent disability or death for the individual, but have historically presented themselves as epidemic in nature. Thus, disclosure of personally identifiable information from students' education records to State health
officials for such reasons would generally be permitted under FERPA's health or safety emergency provisions.

In disclosing the information to a State health agency, a school should advise the agency that personally identifiable information disclosed by the school may not be redisclosed or shared with any other party outside of the appropriate officials at that agency, unless such disclosure is done with the prior written consent of parents or eligible students or is done on behalf of the school for the same purpose it was disclosed to the agency. See 34 C.F.R § 99.33. Further, FERPA establishes a recordkeeping requirement for educational agencies and institutions in 34 C.F.R § 99.32. Briefly, this section states that an educational agency or institution (1) shall maintain a record of each request for access to and each disclosure of personally identifiable information from the education records of each student and (2) shall maintain the record with the education records of the student as long as the records are maintained. The record of disclosure must also include: (1) the parties who have requested the information from the education records, and (2) the legitimate interests the parties had in requesting or obtaining the information.

Please note, however, that FERPA does not prohibit an educational agency or institution from disclosing "non-personally identifiable information" to State health officials. Rather, FERPA specifically prohibits the disclosure of personally identifiable information from education records without the prior written consent of parents and students under 34 C.F.R § 99.30. The FERPA regulations at 34 C.F.R. § 99.3 define personally identifiable information to include:

(a) the student's name;
(b) the name of the student's parent or other family member;
(c) the address of the student or student's family;
(d) a personal identifier, such as the student's social security number or student number;
(e) a list of personal characteristics that would make the student's identity easily traceable; or
(f) other information that would make the student's identity easily traceable.

In order to make sure that information is not personally identifiable, the disclosing educational agency or institution would need to remove the name, identification number, and any other identifier that would permit the identity of an individual student to be easily determined.

Finally, nothing in FERPA prohibits school officials from obtaining parental consent in order to disclose personally identifiable information on students to State health officials. The written consent required before an educational agency or institution may disclose personally identifiable, non-directory information from education records should:

(1) specify the records that may be disclosed;
(2) state the purpose of the disclosure; and
(3) identify the party or class of parties to whom the disclosure may be made.

34 C.F.R § 99.30(b); see 20 U.S.C. § 1232g(b)(2)(A).

If requested, the agency or institution must provide a parent or student with a copy of the records disclosed. 34 C.F.R § 99.30(c).

I hope that this letter adequately explains the requirements of FERPA as they relate to the disclosure of personally identifiable information to the DPH by educational agencies and institutions subject to FERPA. Should you have any further questions, please do not hesitate to contact this Office at the following address and telephone number:

Family Policy Compliance Office
Office of Innovation and Improvement
U.S. Department of Education
400 Maryland Avenue, S.W.
Washington, D.C. 20202-5901
(202) 260-3887

Sincerely,

/s/

LeRoy S. Rooker
Director
Family Policy Compliance Office
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<tr>
<td>Alabama</td>
<td><a href="https://www2.ed.gov/policy/gen/gcl/edu/docs%E5%89%8D%E8%BF%9B%E5%88%B0Alabama%E5%B7%9E%E8%81%94%E7%B3%BB%E4%BA%BA%E7%9A%84html">https://www2.ed.gov/policy/gen/gcl/edu/docs前进到Alabama州联系人的html</a></td>
<td>No</td>
<td>Letter from USDoE</td>
<td>Brundidge, Erin, Program Manager: Several years ago, when there was Alabama School Based HIS (SBS), they had both &quot;head&quot; and &quot;teacher&quot; access, but I don't believe we have any head-based FC rise. However, and as of about a year ago now, we removed any remaining &quot;teacher&quot; access due to concerns with HIPAA compliance issues. We are working with Xyience Corporation (Xyience), who is our data vendor, to create/develop a School Model of application where the schools would be able to enter data they have, and then we record them. As that is still in the developmental stages, we don't have anything specific in that. From email correspondence between OFI and Alabama state officials</td>
</tr>
<tr>
<td>Arizona</td>
<td></td>
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</tr>
<tr>
<td>Colorado</td>
<td><a href="https://www.colorado.gov/pacific/cdyha/cis-so">https://www.colorado.gov/pacific/cdyha/cis-so</a></td>
<td>Not implemented</td>
<td>ASRA Summary report</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Source</td>
<td>Access to Immunization Records</td>
<td>Immunization Program Access</td>
<td>School Nurse Access to IIS</td>
</tr>
<tr>
<td>---------</td>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------</td>
<td>-----------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Idaho</td>
<td><a href="https://www.cdaschools.org/cmn/lib/001950304/Centricity/Domain/284/School_immunization_FAQs.pdf">https://www.cdaschools.org/cmn/lib/001950304/Centricity/Domain/284/School_immunization_FAQs.pdf</a></td>
<td>No. Schools may send student immunization records to the Idaho Immunization Program to have the record entered into IRIS. Basic demographic information is needed to add students that are not already in IRIS.</td>
<td>School nurses are expected to manually load data for every individual student — and, as Ranelly puts it, nurses went into their profession to help people, not to sit in front of a computer.</td>
<td><a href="https://www.idahonews.com/news/idahos-immunizations-are-low-and-sometimes-very-low/">https://www.idahonews.com/news/idahos-immunizations-are-low-and-sometimes-very-low/</a></td>
</tr>
<tr>
<td>Kansas</td>
<td><a href="http://www.immregistries.org/resources/Information_Request_CT_School_Nurse_Access_to_IIS.pdf">http://www.immregistries.org/resources/Information_Request_CT_School_Nurse_Access_to_IIS.pdf</a></td>
<td>No</td>
<td>AIRA Survey response</td>
<td>Confidentiality Policy. School and Head Start nurses may access and use UNIS. Once authorized by signing UNIS file enrollment form and User Agreement, these users may access the system to add and update patient records for compliance with school entrance requirements. Annual reports required by state CANS shall be submitted electronically through UNIS school nurse Module.</td>
</tr>
<tr>
<td>Louisiana</td>
<td><a href="https://linksweb.dphh.louisiana.gov/linksweb/docs/LINKS_647_Guide_Version_7.2.3.pdf">https://linksweb.dphh.louisiana.gov/linksweb/docs/LINKS_647_Guide_Version_7.2.3.pdf</a></td>
<td>LINKS appears to allow school nurse update; LA law gives parent option to opt out of reporting Immunization Information</td>
<td>AIRA Survey response</td>
<td>Confidentiality Policy. School and Head Start nurses may access and use UNIS. Once authorized by signing UNIS file enrollment form and User Agreement, these users may access the system to add and update patient records for compliance with school entrance requirements. Annual reports required by state CANS shall be submitted electronically through UNIS school nurse Module.</td>
</tr>
<tr>
<td>Minnesota</td>
<td><a href="https://web.mail.comcast.net//service/home/17auth=col&amp;locale=en_US&amp;Id=6310400&amp;part=2">https://web.mail.comcast.net//service/home/17auth=col&amp;locale=en_US&amp;Id=6310400&amp;part=2</a></td>
<td>No. Other private providers, parents, legal guardians, daycare operators, and school nurses can call to obtain Immunization histories.</td>
<td>AIRA Survey response</td>
<td>Confidentiality Policy. School and Head Start nurses may access and use UNIS. Once authorized by signing UNIS file enrollment form and User Agreement, these users may access the system to add and update patient records for compliance with school entrance requirements. Annual reports required by state CANS shall be submitted electronically through UNIS school nurse Module.</td>
</tr>
<tr>
<td>Mississippi</td>
<td><a href="http://msdh.ms.gov/msdhsite/_static/310.136.html">http://msdh.ms.gov/msdhsite/_static/310.136.html</a></td>
<td>No. RMSO 167.183 allows school nurses access to view records. Their access is read only. Since the access is read only they cannot make any changes to the records.</td>
<td><a href="http://www.drawplus.com/drawplus/immunization/">http://www.drawplus.com/drawplus/immunization/</a></td>
<td>Confidentiality Policy. School and Head Start nurses may access and use UNIS. Once authorized by signing UNIS file enrollment form and User Agreement, these users may access the system to add and update patient records for compliance with school entrance requirements. Annual reports required by state CANS shall be submitted electronically through UNIS school nurse Module.</td>
</tr>
<tr>
<td>Missouri</td>
<td><a href="http://health.mo.gov/living/wellness/immunization/">http://health.mo.gov/living/wellness/immunization/</a></td>
<td>No. RMSO 167.183 allows school nurses access to view records. Their access is read only. Since the access is read only they cannot make any changes to the records.</td>
<td><a href="http://www.drawplus.com/drawplus/immunization/">http://www.drawplus.com/drawplus/immunization/</a></td>
<td>Confidentiality Policy. School and Head Start nurses may access and use UNIS. Once authorized by signing UNIS file enrollment form and User Agreement, these users may access the system to add and update patient records for compliance with school entrance requirements. Annual reports required by state CANS shall be submitted electronically through UNIS school nurse Module.</td>
</tr>
<tr>
<td>State</td>
<td>Contact Details</td>
<td>Immunization Process</td>
<td>Parent Opt-out Process</td>
<td></td>
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<tr>
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<tr>
<td>New Mexico</td>
<td>&quot;Martinez, Erica, DOH&quot; <a href="mailto:Erica.Martinez1@state.nm.us">Erica.Martinez1@state.nm.us</a></td>
<td>No. NM works closely with the Public Education Department to obtain school enrollment data annually in addition to utilizing their system of communication to convey the school entry requirements via their website, meetings, etc. We're also exploring the option of data exchange with some of our larger school districts to populate the registry, however, because of FERPA it's very tricky.</td>
<td>Access to the information in the immunization registry shall be limited to primary care physicians, nurses, pharmacists, managed care organizations, school nurses and other appropriate health-care providers or public health entities as determined by the secretary of health, provided that a managed care organization be entitled to access information only for its enrollees.</td>
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<tr>
<td>New York</td>
<td>Read-only access unless they administer immunizations.</td>
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<tr>
<td>Nevada</td>
<td><a href="http://dpbh.ny.gov/uploadedFiles/dpbhnewyork/content/Programs/WebI2/Doc/RN5">http://dpbh.ny.gov/uploadedFiles/dpbhnewyork/content/Programs/WebI2/Doc/RN5</a> 431-365.pdf</td>
<td>School districts have access to view, create and update immunization record</td>
<td>School signs user agreement. Parent opt-out form: <a href="http://dpbh.ny.gov/uploadedFiles/dpbhnewyork/content/Programs/WebI2/Doc/RN5">http://dpbh.ny.gov/uploadedFiles/dpbhnewyork/content/Programs/WebI2/Doc/RN5</a> 431-365.pdf</td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td><a href="http://www.immregistries.org/resources/information_request__CT__School_Nurse_Access_to_IIS.pdf">http://www.immregistries.org/resources/information_request__CT__School_Nurse_Access_to_IIS.pdf</a></td>
<td>No. School nurse added by local HD as &quot;reports only&quot; user.</td>
<td><a href="http://dpbh.ny.gov/Programs/WebI2/WebI2__home/">http://dpbh.ny.gov/Programs/WebI2/WebI2__home/</a></td>
<td></td>
</tr>
<tr>
<td>Ohio</td>
<td>&quot;<a href="mailto:brian.napier@odh.ohio.gov">brian.napier@odh.ohio.gov</a>&quot; <a href="mailto:brian.napier@odh.ohio.gov">brian.napier@odh.ohio.gov</a></td>
<td>&quot;We do encourage school nurses to receive basic training before entering. Historical vaccine information. &quot; Cannot verify through Ohio IIS documents that nurses are actually entering data.</td>
<td></td>
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</tr>
<tr>
<td>Rhode Island</td>
<td>&quot;Amore, Ellen B&lt;EBODH&gt;&quot; <a href="mailto:Ellen.Amore@health.ri.gov">Ellen.Amore@health.ri.gov</a></td>
<td>No. Federal FERPA law requires parental consent.</td>
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<td></td>
</tr>
<tr>
<td>South Dakota</td>
<td><a href="http://doh.sd.gov/documents/Family/ImmunizeCertificateOfImmunization.pdf">http://doh.sd.gov/documents/Family/ImmunizeCertificateOfImmunization.pdf</a></td>
<td>Copy of paper immunization record required from school for each individual child be submitted by Oct. 1 each year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Texas</td>
<td><a href="http://www.doh.sos.state.tx.us/immunize/ImmunizeTracFAQs.shtm#Import">http://www.doh.sos.state.tx.us/immunize/ImmunizeTracFAQs.shtm#Import</a></td>
<td>No mention of ability of school staff to report data into ImmTrac2</td>
<td></td>
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</tr>
<tr>
<td>Utah</td>
<td><a href="http://www.immunize-utah.org/school%20and%20childcare%20requirements/school_and_childcare_reporting_system.html">http://www.immunize-utah.org/school%20and%20childcare%20requirements/school_and_childcare_reporting_system.html</a></td>
<td>No. School and Childcare Immunization Reporting system appears to only do aggregate reporting</td>
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<td>State Email Survey</td>
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<tr>
<td><strong>Contact List Source:</strong> <a href="http://www.immunoMCOs.org/MenuPage">http://www.immunoMCOs.org/MenuPage</a></td>
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<tr>
<td><strong>Appendix C. State Survey Table</strong></td>
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<tr>
<td><strong>Rhode Island</strong></td>
<td>1. Do you have state regulations/law permitting school nurses to see information in your state’s Immunization Registry? If so, please attach them or a reference/link to them.</td>
<td>2. Do you have state regulations/requirements/law permitting school nurses to update or add school records without parental consent? (Examples: opt-out regulations, MOU’s.) If so, please attach them or a reference/link to them.</td>
<td>3. Any other strategies to complete the information for school age children at the individual level?</td>
<td>Response Provider</td>
</tr>
<tr>
<td>YES: <a href="http://www.heights.us/DE/PB/PB.HTM">http://www.heights.us/DE/PB/PB.HTM</a></td>
<td>No. Federal FERPA law requires parental consent.</td>
<td>All immunizing health care providers that use state supplied vaccine (which is close to all providers) must report administered vaccines to the registry. Most submit data electronically from their electronic health records.</td>
<td>Ellen Amore</td>
<td></td>
</tr>
<tr>
<td><strong>Ohio</strong></td>
<td>1. Not to my knowledge.</td>
<td>2. Not to my knowledge. We do encourage school nurses to receive basic training before entering historical vaccine information.</td>
<td>3. We encourage immunization providers and WIC clinic nurses to enter immunization records into the registry.</td>
<td>Brian Napier</td>
</tr>
<tr>
<td><strong>Vermont</strong></td>
<td>YES – most states have this. Here is a link to our law: <a href="http://legislature.vermont.gov/statutes/chapter/130/section/1301129#h.129.1.2">http://legislature.vermont.gov/statutes/chapter/130/section/1301129#h.129.1.2</a>. The school nurse access is in section (b).</td>
<td>NO – only medical providers can add records to our system.</td>
<td>YES – as you will notice in our law, it is state law that everyone who immunizes in our state must report to our Registry. This has been a tremendous help. In fact, New York state used our law as a template to build and enact similar legislation because they could see how effective it was.</td>
<td>Bridget Ahrens</td>
</tr>
<tr>
<td><strong>Connecticut</strong></td>
<td>Yes, since October 2014 we have allowed school nurses ‘read-only’ access to our IIS in Connecticut. See the attached regs pages 4-5.</td>
<td>School nurses do not update or add, as they have ‘read-only’ access. They can view and print. Note: If the school nurse vaccinates, such as in a School Based Health Center, then they get full ‘read-write’ access like any other provider who vaccinates. Our IIS has automatic enrollment and the parent must sign to opt out their child.</td>
<td>Our regs mandate providers who vaccinate children to report to the IIS. Our immunization program regularly presents updates at the Statewide School Nurse Supervisor Meetings and we keep open communication with our State Department of Education and with the School Based Health Centers who participate in the CVP.</td>
<td>Nancy Sharova</td>
</tr>
<tr>
<td><strong>New Mexico</strong></td>
<td>NMAC: 24-5-9: Access. (2005) Access to the information in the immunization registry shall be limited to primary care physicians, nurses, pharmacists, managed care organizations, school nurses and other appropriate health care providers or public health entities as determined by the secretary of health, provided that a managed care organization shall be entitled to access information only for its enrollees.</td>
<td>No.</td>
<td>NM works closely with the Public Education Department to obtain school enrollment rosters annually in addition to utilizing their means of communication to convey the school entry requirements via their website, meetings, etc. We’re also exploring the option of data exchange with some of our larger school districts to populate the registry, however, because of FERPA it’s very tricky.</td>
<td>Erica Martinez</td>
</tr>
<tr>
<td>State</td>
<td>Regulations/Access to Immunization Records</td>
<td>Notes</td>
<td></td>
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<tr>
<td>Iowa</td>
<td>Yes, Iowa regulations allow for school nurses to have access to the immunization registry. Here is a link to the regulations: <a href="http://www.capitol.iowa.gov/hrsc/document/CHS_2010_0211_0144/HR5126/HR5125/HR5125_0124.htm">Iowa Immunization Administrative Code</a>. School users must request access to IRIS by completing the IRIS Site Enrollment Form. In Iowa, school nurses have view-only access to immunization records.</td>
<td>No response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hawaii</td>
<td>Yes: <a href="http://www.capitol.hawaiial.gov/hrsc/document/CHS_2010_0211_0144/HR5126/HR5125/HR5125_0124.htm">http://www.capitol.hawaiial.gov/hrsc/document/CHS_2010_0211_0144/HR5126/HR5125/HR5125_0124.htm</a>. Per HR5125-154 (cited above), I believe school personnel may access records &quot;for the purpose of ensuring compliance with mandatory student immunization records&quot; but may not update or add to records.</td>
<td>No response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missouri</td>
<td>1. Yes, RSMo 167.183 (link directly above) allows school nurses access to view records. 2. Their access is read only. Since the access is read only they cannot make any changes to the records.</td>
<td>No response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minnesota</td>
<td>Yes: Immunization data sharing in Minnesota is described in state statute 144.3351 which includes schools as defined by Minnesota’s Commissioner of Education. This is subject to FERPA, but there are no additional state regulations.</td>
<td>We do offer support to schools in the form of webinars and one-on-one phone support via our MIIC help desk when needed. We do not have the capacity to do a lot of outreach in this area.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maryland</td>
<td>YES: <a href="http://www.dsi.state.md.us/comar/comarhtml/10/10.05.03.02.htm">http://www.dsi.state.md.us/comar/comarhtml/10/10.05.03.02.htm</a>.</td>
<td>Generally no, but under some conditions, YES: <a href="http://www.dsi.state.md.us/comar/comarhtml/10/10.05.03.05.htm">http://www.dsi.state.md.us/comar/comarhtml/10/10.05.03.05.htm</a>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New York City</td>
<td>Yes, Public Health Law 2168 allows read only access for schools.</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix D. Parental Consent Forms

Source: https://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-h1n1.doc References to attendance records may be deleted.

Sample Consent Form for Disclosures by [name of School District] to [name of Health Department]

The [SCHOOL DISTRICT] will seek to keep students healthy and safe this fall and through the school year. As part of this effort, we will be collaborating with the [LOCAL] Health Department to help track student absences. This effort will enable us to identify unusual clusters of disease and provide information to the school community, and particularly students at high risk, about illnesses. These efforts will also help the health community assess the spread of disease and potentially allocate scarce medical resources.

Pursuant to the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, parental consent is required before personally identifiable information from your child’s education records may be disclosed to (the health department), absent a health or safety emergency or another exception to the requirement of consent. If your child is age 18 or over, he or she is an “eligible student” and has to provide consent for disclosures of information from his or her education records.

Please note that information about your child may be shared with the Health Department without your consent if school officials determine that there is a significant and articulable threat to the health or safety of your child or other individuals and that the Health Department needs to know the information to protect the health or safety of your child or other individuals.

I, [Parent/Guardian name], hereby agree to allow [SCHOOL DISTRICT NAME] to disclose [specify records] on [Date] [Student Name] to [name of Health Department] for the purpose of [state purpose of disclosure].

You may withdraw your consent to share this information at any time. This request should be submitted in writing and signed.

__________________________
Signature of Parent, Guardian, or Eligible Student

__________________________
Date
1 https://www.nursesource.org/school.html
4 Advisory Committee on Immunization Practices. https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/records.html
9 Hilda Dupwe, ADH. In person interview by Maria Jones on August 15, 2017.
10 Advisory Committee on Immunization Practices. https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/records.html
12 Hilda Dupwe, ADH. In person interview by Maria Jones on August 15, 2017.
17 Memorandum of Agreement between Department of Health and The Department of Health Care Finance and DC Public Schools. Finally executed May 7, 2014.