# Instructions for Accessing and Completing the Post-Secondary Immunization Survey

NYS <u>Public Health Law Section 2165</u> and <u>NYCRR Title 10, Subpart 66-2</u> requires students attending postsecondary institutions who were born on or after January 1, 1957 and registered for 6 or more credits to provide proof of immunity against measles, mumps, and rubella, and for institutions to annually provide a summary of compliance.

The instructions below detail how to complete the summary of compliance survey. This survey also covers the requirement to share and collect information about the optional meningitis vaccine, set forth in NYS <u>Public</u> <u>Health Law Section 2167</u>.

Log on to the Health Commerce System (HCS) at: <u>https://commerce.health.ny.gov</u> to verify that your account is active. If you do not have an account, visit: <u>Instructions for HCS Accounts for Post-Secondary Institutions</u>

NEW YORK STATE	Services News Government COVID-19	
	PLEASE LOGIN TO BEGIN USING THE HEALTH COMMERCE SYSTEM (HCS)	
	User ID	
	User ID	
	This field is required. Password	
	Password	
	Forgot Your User ID or Password ② Remember User ID LOGIN Don't Have An Account? Sign Up Here	

- If your account is NOT active, contact the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890.
- HCS Coordinators do not have to assign themselves to an additional role to access the survey.
- HCS Coordinators must assign staff with HCS user accounts to the role of Post-secondary Data Reporter for them to access the survey.
- Instructions for assigning a role are listed below. For help assigning a role, please contact Informatics at 518-473-1809.

#### Assigning Roles by the HCS Coordinator:

- 1. Log onto the HCS.
- 2. Click on **Coordinator's Update Tool** to the left of the screen.
- 3. Choose Your Institution and click on Select.
- 4. Click on Manage Role Assignments.
- 5. Click on **Modify** next to the role which you want to assign an individual.
- 6. A pop up list will be displayed of the individuals affiliated with your institution who have HCS accounts.
- 7. Check the box next to everyone you want to assign to the role of **Post-secondary Data Reporter** and click on **Add Role Assignment**.
- 8. If the individual you want to assign to the role is not on the pop-up list, use the search box to find him or her in the directory. Another pop-up list of names will be displayed.

Instructions for Accessing and Completing the Post-secondary Immunization Survey NYSDOH, Bureau of Immunization September 2023 Highlight the name of the person you would like to add to the role and click on **Add Role Assignments**.

- 9. If the individual you want to assign to the role does not appear in the new pop-up list, then he/she has not been issued a HCS account and needs to submit the paperwork to receive one. Add a User Account and Assign Role
- 10. If you have just been assigned to a role and are unable to see the survey, you need to log off of the HCS for approximately 15 minutes. When you log on again, you should be able to access the survey.

#### Accessing the School Survey Link (You only need to complete the steps for accessing the School Survey Link once.)

- 1) Go to: <u>https://commerce.health.ny.gov</u>.
- 2) Select My Content on the menu bar at the top of the screen.



#### 3) Select All Applications from the drop down box.

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4) Select S to locate the School Survey application from the list of HCS applications.

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## 5) Click on the green and white plus icon in the Add/Remove column.

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6) The School Survey link should now appear under My Applications in the menu to the left of your screen.

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School Survey											

If you are not the HCS Coordinator, you need to be assigned to a role to access the survey. Contact your HCS Coordinator for assistance.

# Instructions for Completing the Post-Secondary Immunization Survey

1) Click on **School Survey** (the words "School Survey" not the blue circle with an i in the middle):

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Cancer Data Entry - Physicians		08/04/2022	Advisory	Poliomyelitis/AFM	NYSDOH	Targeted	Update Regarding Poliomyelitis in Rockland County, New York State	Recipients	-
Coord Account Tools - HCS	0	08/03/2022	Advisory	Infectious Disease	NYSDOH	All Users	HEALTH CARE PROVIDER WEBINAR - Monkeypox: Updates for Healthcare	Recipients	
Coord Account Tools - LHD							Providers.		
Coord Account Tools - PCC	0	07/25/2022	High Advisory	Guidance	NYSDOH	All Users	Monkeypox cases in healthcare delivery settings	Recipients	
Coordinator's Update Tool		07/25/2022	High	Guidance	NVEDOH	All Users	Monkeypox cases in non-healthcare	Recipients	
COVID-19 Vaccine Enrollment	0	07/25/2022	Advisory		NTSDOH		congregate settings	Recipients	
Emergency Contacts		07/22/2022	Advisory	Monkeypox	NYSDOH	All Users	DAL: Monkeypox	Recipients	
Form Builder	0	07/22/2022	Advisory	Poliomyelitis	NYSDOH	All Users	Provider alert regarding polio	Recipients	
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Just Say Yes									
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NYSIIS - Training		INCA	13100		mgn	13			
School Survey	J								

## 2) Click on Data Entry.

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To Do \star General Activity =	Periodic Reporting Organization	Data Entity Organization	Form \$	Permission #	Completion Status \$	
None						
System/Activity Messa Message Type	ges >=	Activity =	Message Post	ed =	Message #	
None						

3) Select Post-secondary Immunization Survey 20xx (select current year survey) from the activity drop down box. If you are only assigned for the Post-secondary Immunization Survey 20xx, the activity will be automatically selected for you:

Health Electronic Response Data System (HERDS)

Data Entry		
Activity: *	Please Select Activity	~
	2022 ARTICLE 6 STATE AID APPLICATION Bethlehem Commons Prestrike Survey COVID 19 NH DAILY COVID-19 Daily MIS-C Pediatric Patients S COVID-19 Hospital Patient and Bed Summ Critical Asset Survey Day Care and Pre-k Immunization Survey eFINDS Usage and Training survey Infection Control Self-Assessment 2017 NORA Outbreaks NYS CAPTA CARA Data to OCFS NYS Obstetric Hemorrhage Project NYS OUD NAS Project NYS BEIP NYSPQC Safe Sleep Project Post-secondary Immunization Survey 200 Regional Centers for Sexual Violence Prev	Survey mary-Revised y 2021

4) Select the appropriate facility from the **Organization** drop down box.

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.evel Selector Home Message Center ~	Activity Management	Permission Profiles	Form	s Management 🛩	Data Entry	Reports ~	Ad
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**5)** Click on **Show Organization Info** to confirm the school's name, address, and phone number. If any changes need to be made to this information, please email <u>OSAS@health.ny.gov</u>.

Commerce System		🛱 Home	- A My Content -	Q Search	🕀 Help 🔸	GO Log out
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vel Selector Home Issage Center 🛩	Activity Management	Permission Profiles	Forms Management ~	Data Entry	Reports ~	Admin
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Activity: *	Post-s	econdary Immunization Su	rvey	-		
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Data Entity Name: *	Z TES	T POST SECONDARY EDUC	ATION SCHOOL (66666666)	¥		
	O S	how Facility Info				

6) Enter survey data for Public Health Law § 2165 and § 2167. Ensure the "Total No. Completely Immune" box is completed for those completely immunized for Measles, Mumps and Rubella.

Navigational Style:				*Required Field 🤥 Repeatable 🖋 Data Saved to Work Area 🔵 Data Sul decurrent Field/Selection 🛞 Field Information 🛞 Field with Rules 🔺 Wa	worted to DOH
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leasles, Humps, Rubella Section			_		
PHL § 2165: Total Students Born on or after 1/1/57 and enrolled for 6 or more credit hours *	200	•			
Total No. of Students Without Records *	0				
Medical Exemption *	2				
Religious Exemption *	1	۲			
Measles (2 doses) *	197				
Mumps (1 dose) *	197				
Rubella (1 dose) *	197				
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Does the institution exclude students who are not in compliance with PHL Section 2163? *	Yes	¥ 🖲 🜒			
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## 7) Click on Save All at the top or bottom of the screen.

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#### 8) Click Review & Submit at the top or bottom of the screen.

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Post-secondary Immunization Survey	5	iave All Review & Submit	Reset

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9) Review the data and click **Submit Data** at the top or bottom of the screen.

Post-secondary Immunization Surv	Submit Data				
After reviewing your data below	v, please dick the Submit Data button to submit your data.	<		Export	optional <u>View Table PDF</u>
		•			
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	Total No. of Students Without Records	0	Submitted	Jdr02	09/28/2021 12:39 PM
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	Does the institution exclude students who are not in compliance with PHL Section 21677	Yes			

**10)** You will receive the **Data has been submitted successfully** message. You have completed the survey process.

Post-secondary Immunization Surve	y Enter or Modify Data Submit Data				
Data has been submitted	successfully.			Export	options: View Table PDF
Section	Red	Value	Data Status	User	Updated
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