

**Slide 3**

- During today's webinar, we will cover the following topics:
  - Why do we need immunizations and immunization laws?
  - Which vaccines are required for school?
  - What are some of the common rules and exceptions to the rules?
  - What is the change to the varicella requirement for school?
  - What are the changes to the Certificate of Exemption?

**Slide 4**

- Before we talk in detail about immunization requirements, let's talk about why we still need immunizations.
- Vaccines have successfully prevented diseases that were once very common. Diseases that used to kill thousands of people a year now almost don't exist. Before vaccines were available, polio paralyzed about 15,000 children. Measles infected four million children, killing 3,000.
- However, these diseases still exist and continue to threaten those not fully protected. In 2012, Washington State experienced a whooping cough epidemic with over 4,900 cases. This is five times the number of cases reported in 2011.
- In school and child care settings, children are at risk because diseases can spread easily in group settings. Children not fully vaccinated are susceptible to these diseases.
- Immunization laws were first started to control widespread epidemics of smallpox, measles, and polio. Now they are also used to increase vaccine coverage and to protect the public's health.
- We all need to stay vigilant so the diseases of the past do not resurface. Children and adults need to continue to get vaccinated. School immunization requirements help to assure that children are adequately protected and do not spread diseases to others.

**Slide 5**

- Even though measles was declared to be eliminated in 2000 in the US, the disease has been coming back with a vengeance, as you can see on this graph, largely due to low rates of immunization.

- All of you have seen the news stories about measles cases related to Disneyland. Between Jan-April 17 of this year, there have been 162 cases involving 19 states. WA State has 9 cases of measles already this year.
- In addition to measles, pertussis (or whooping cough), has been increasing again this year compared to this time period this year. The red bars on the graph show the higher numbers compared to the blue bars representing cases from last year.
- Again, it is very important that students get vaccinated in order to prevent and stop outbreaks.

### **Slide 6**

- The purpose of school and child care immunization laws is to protect everyone against disease outbreaks through the achievement of high rates of vaccination. We develop community immunity when we have high levels of vaccination coverage.
- The national Advisory Committee on Immunization Practices (or ACIP) recommends many vaccines to protect against diseases that vaccines can prevent. The State Board of Health then determines which of the recommended vaccines to require for school entry in our state.
- To be in compliance with immunization requirements, children must get vaccine doses at the correct ages and intervals to be valid.
- The child needs to repeat invalid doses or get caught up if they aren't in compliance.
- Parents are required to fill out the Certificate of Immunization Status (or CIS) for each child. As you know, it's hard for parents to fill out the required immunization certificate. Unfortunately, an immunization record printed from your Electronic Health Record is not valid. The law currently requires the CIS to be filled out.
- An easy solution, if you don't already know, is to print the certificate from the WA Immunization Information System. The certificate printed from the immunization system is pre-populated with all the immunizations a child has received. Parents just need to sign the certificate.
- If parents or guardians want to exempt (or excuse) their child from these requirements, they need to fill out a Certificate of Exemption. Kristin will cover the Certificate of Exemption a little later.
- You can click on the links in the slide to access the required Certificates.

## **Slide 7**

- The Advisory Committee on Immunization Practices recommends all of the vaccines shown in the box on the left.
- The State Board of Health decides which vaccines will be required for kids attending school and child care, as shown in the box on the right. The requirements are based on vaccines recommended by the ACIP.
- The Board of Health goes through a lengthy process to develop immunization requirements, including getting stakeholder input.
- Other states may require additional vaccines that our state doesn't require, such as flu vaccine in child care, or HPV and meningococcal vaccine for adolescents.

## **Slide 8**

- Before I go through each of the specific vaccine requirements, I would like to briefly discuss the benefits of using the WA Immunization Information System (or IIS).
- About 95% of all school districts use the IIS to look for missing immunizations not reported by a parent on the Certificate of Immunization.
- To help schools to better determine if a student is in compliance with the requirements, it is imperative that the IIS is fully populated with immunization data. We have been working hard to get immunization data from your Electronic Health Record via an electronic upload, or clinic staff has been great about manually entering these immunizations in the system.
- If the student already got vaccinated, but the parent didn't provide the immunization information, or the IIS is missing immunizations, then the student may be sent to your clinic unnecessarily and everyone's precious time is wasted.
- If a school nurse asks for immunizations from your clinic, please enter immunizations in the IIS or share an immunization record with the school nurse. According to the HIPAA privacy rule, a health care provider can disclose protected health information for public health activities and purposes without parent consent to other healthcare providers. If you share immunizations with the school nurse and she helps the parent update the CIS, this may prevent an unnecessary clinic visit and vaccine administration.

## **Slide 9**

- There are many benefits of using the IIS.

- Schools look in the IIS to find missing immunizations that parents didn't provide on the CIS.
- A second benefit of using the IIS is the use of a tool called the forecasting tool. The forecasting tool helps you to determine which vaccines are still needed for a specific child.
- A great feature of the IIS, as Danny said, is the ability to print the CIS with all the immunizations that the student received pre-printed on the CIS. The parent just needs to sign the CIS. We provided a link to the instructions to print the certificate in the slide.

#### **Slide 10**

- In case you're not already familiar with the forecast tool, here is a screen shot of the vaccination forecast tool in the IIS that shows which vaccines and doses are still needed for a patient. The vaccination forecast is shown here in yellow highlights at the bottom of the page. You can find the vaccination forecast after you search for a patient, then click on vaccinations on the left hand menu, then summary. If you are able to access the IIS and use this tool, this will be a tremendous help to you to determine if additional vaccine doses are needed. The IIS does the thinking for you!

#### **Slide 11**

- Next I will go through each of the vaccines required for school entry and go through some of the more common rules and exceptions to the rules.

#### **Slide 12**

- As Danny stated, to be in compliance with the school immunization requirements, students are required to be vaccinated according to the national recommended immunization schedule, following the minimum interval and age recommendations for each vaccine.
- For example, if a student got varicella dose 1 before the recommended minimum age of 12 months, then the student is not in compliance with the requirements and needs to get dose 1 repeated.
- We make this Vaccines Required Chart available to school staff each school year. You may already know about this chart. School staff refer to it as they review the Certificate of Immunization Status for each student.
- This chart shows all the vaccines required for children attending school by grade or age.

### **Slide 13**

- School nurses pay a lot of attention to the minimum age and interval recommendations for each vaccine.
- We provided this chart on the second page of the Vaccines Required chart for school staff to review each required vaccine.
- After looking at this chart, looking in the Immunization Information System, or reviewing their student information system, school nurses may send parents to the clinic because a student got an invalid dose that needs to be repeated or the child needs more vaccine doses.
- I know sometimes a child may be sent to your clinic when he or she may not need more doses. School staff are doing their best to make sure the student needs more doses so there isn't extra work for families and your clinic. We work with school staff to provide information, training, and resources on the immunization requirements. However, you understand the complexities of the immunization schedule and how difficult it is to determine if a child needs additional doses. We are working hard to help everyone better understand the immunization requirements.
- Again, a great resource for schools and clinics is the forecast tool in the IIS. In order to understand which doses are still needed, we recommend you review the IIS or print the forecast from the IIS before each visit so you know which vaccines are due for each patient. If the IIS contains all the vaccine doses, the forecast is a powerful tool. The forecast helps you to be proactive in giving the correct vaccine and dose rather than having to correct a vaccine administration error.

### **Slide 14**

- Let's go through each of the vaccine requirements and briefly discuss the rules and the exceptions to the rules. We'll start first with DTaP vaccine.
- Students in kindergarten through 12<sup>th</sup> grade are required to get 5 doses of DTaP vaccine.
- One exception: if a student got only 4 doses, and the 4<sup>th</sup> dose was given on or after the 4<sup>th</sup> birthday, then he or she doesn't need a 5<sup>th</sup> dose.
- This may be a common scenario that you may come across.

### **Slide 15**

- The next vaccine requirement we will discuss is Tdap.

- 1 dose of Tdap is required for all students in 6<sup>th</sup>-12<sup>th</sup> grade IF the student is over 11 years of age.
- Students in 6<sup>th</sup> grade but are 10 years old are not required to get Tdap for school until they turn 11 years of age. However, if you have a 10 year old in your office and you don't want to miss an opportunity to vaccinate, you can go ahead and give Tdap. Both Tdap vaccines are licensed for children as early as 10 years of age. This Tdap dose will count for the 6<sup>th</sup> grade requirement and the student won't need another Tdap at age 11.
- One exception that we should discuss for Tdap is when a student didn't get a complete series of DTaP vaccine when he or she was younger than 7 years of age. In this case, Tdap should be given between 7-10 years of age to catch up.
- If a student got Tdap between 7-10 years of age, this dose is valid. Another Tdap dose is NOT required for 6<sup>th</sup> grade or at age 11.
- For example, if you see that a student got only 3 doses of DTaP, all younger than 7 years of age and got a Tdap at age 7 years, this Tdap is valid and counts for the 6<sup>th</sup> grade Tdap requirement.
- If a student got a Td instead of a Tdap, this student must get Tdap for 6<sup>th</sup> grade to be in compliance.

#### **Slide 16**

- Here are some common rules for DTaP, Tdap, and Td.
- Please remember that DTaP is recommended for kids 6 years of age and younger. Students usually get 5 doses of DTaP as babies and a booster dose at 4 years of age. A student must have at least 4 doses with the last dose on or after age 4, to be in compliance with the requirements.
- Tdap and Td are recommended for kids 7 years of age and older. Tdap is recommended at 11-12 years of age, but can be given as early as 10 years of age if a child was fully vaccinated with DTaP. Tdap is also used to catch up students who didn't get the full series of DTaP doses, starting at age 7.
- Only one dose of Tdap is needed, then switch to Td as a booster dose 10 years later.

### **Slide 17**

- Here are some common immunization rules as you're looking at a child who is 7 years of age or older.
- If a child got fewer than 5 doses of DTaP, and the 5<sup>th</sup> dose of DTaP wasn't given after age 4, then Tdap is needed for catch-up. For example, if a child got 3 doses of DTaP at ages 4, 8, and 12 months and is now 8 years of age, this child needs Tdap to be complete.
- Another very common rule applies to children who didn't get ANY DTaP when he or she was younger than age 7. This child needs one Tdap followed by 2 Td doses to be complete.

### **Slide 18**

- Let's move on hepatitis B vaccine.
- All kindergarteners through 12<sup>th</sup> graders are required to get 3 doses.
- ACIP recommends hep B vaccine at birth, 1-2 months, and dose 3 at 24 weeks of age (or 6 months of age) for children through 18 years of age. We've heard of providers in WA who routinely give hep B dose 3 at 4 months of age. ACIP doesn't recommend dose 3 at 4 months of age. The recommended minimum age for dose 3 is 24 weeks of age.
- Students in kindergarten through 8<sup>th</sup> grade are required to get hep B vaccine dose 3 at 24 weeks of age or older. If students in these grades got a dose of hep B vaccine before 24 weeks of age, this dose is NOT valid and needs to be repeated.
- ACIP recommends hep B vaccine dose 3 at 24 weeks of age. For the school requirement only, 9<sup>th</sup> through 12<sup>th</sup> graders are in compliance with the requirements if they got dose 3 as early as 4 months of age. This is because the national recommendations in the past allowed dose 3 as early as 4 months of age and we wanted to allow these students who fell under these old recommendations to be in compliance rather than have to repeat the 3<sup>rd</sup> dose. So, if you see a student in 9<sup>th</sup>-12<sup>th</sup> grade with hep B dose 3 at 4 months of age, this dose is valid and doesn't need to be repeated. The IIS forecast actually shows that this 3<sup>rd</sup> dose is valid and doesn't need to be repeated.
- Students between 11-15 years of may get a 2 dose series of adult Recombivax hep B vaccine. These 2 doses are valid and they don't need a 3<sup>rd</sup> dose.
- Students may also get a total of 4 doses of hep B vaccine if they got Pediarix, the DTaP/IPV/HepB combination vaccine. These 4 doses are valid.

### **Slide 19**

- Let's move on to IPV requirements next.
- All students in kindergarten through 12<sup>th</sup> grade are required to have 4 doses of inactivated polio vaccine, or IPV. Oral polio vaccine, or OPV, is also valid and follows the IPV rules.
- Students who got only 3 doses of IPV are not required to get a 4<sup>th</sup> dose if the 3<sup>rd</sup> dose was given on or after the 4<sup>th</sup> birthday.

### **Slide 20**

- I want to draw your attention to the IPV requirement affecting kindergarten through 4<sup>th</sup> grade.
- ACIP recommends IPV at 2, 4, 6-18 months, and at 4 years of age. If a child follows the immunization schedule, he or she won't have any problems meeting the school requirements. Please follow the recommended schedule.
- To be in compliance, all students in K-4<sup>th</sup> grade in the upcoming school year must get dose 4 after 4 years of age and 6 months must separate dose 3 and dose 4, especially if they got dose 4 on or after August 7, 2009. ACIP reinforced the minimum age and minimum interval recommendations for IPV on August 7, 2009 to clarify the schedule for the combination vaccines Pentacel and Kinrix. We decided to use the August 7, 2009 cutoff date in the school requirements and applied it to kindergarteners in school year 2011-12.
- For example, if a kindergartener got IPV dose 4 on Sept 1, 2009 and the dose was given when she was 2 years old, then this dose is NOT valid and needs to be repeated. If you look in the IIS, the dose will be marked with a red X to show that it is not valid.

### **Slide 21**

- Next we will talk about MMR vaccine requirements for school.
- All students in kindergarten through 12 grade are required to have 2 doses of MMR vaccine.
- A common occurrence that you may see is a student who got dose 1 before 12 months of age. This dose isn't valid and must be repeated.
- Please make sure to give MMR and varicella vaccines on the same day, or you will need to wait 28 days between vaccine doses as recommended. A general immunization rule is

to give live vaccines including MMR, varicella, or flu vaccines at the same visit. If not given at the same visit, these vaccines must be separated by 28 days.

### **Slide 22**

- All students in kindergarten through 8<sup>th</sup> grade are required to have 2 doses of varicella vaccine this fall.
- ACIP recommends 3 months between doses 1 and 2, but if only 4 weeks separate these doses, this is valid and does NOT need to be repeated.
- A common occurrence that you may see is a student who got dose 1 before 12 months of age. This dose isn't valid and must be repeated.

### **Slide 23**

- Let's talk briefly about the four-day grace period.
- A four-day grace period can be applied if a school staff is looking to see if a student is fully immunized or needs more doses.
- Healthcare providers should try to stick with the recommended schedule to vaccinate kids, but if a child is mistakenly given a dose too early, within four days of the recommended age or spacing between doses, then the dose can be counted as valid.
- Any vaccines given four days or less before the recommended minimum ages OR intervals can be counted as valid and does NOT need to be repeated.
- For example, if you see that a student got the first dose of MMR vaccine 3 days before 12 months of age, which is the recommended minimum age to get MMR vaccine, then this dose IS valid. This dose does NOT need to be repeated.
- If the first dose of MMR vaccine was given 5 days before 12 months of age, then this dose is NOT valid and needs to be repeated.
- Thanks for paying attention to the school immunization requirements section.

### **Slide 24**

- Hi, this is Kristin and I will start with the change to the chickenpox, or varicella requirement, for this upcoming fall.

### **Slide 25**

- In the fall, all students in K-8<sup>th</sup> grade are required to get 2 doses of varicella vaccine. If they already had chickenpox disease in the past, then they need to submit provider verification of infection in these ways:

- The first way is to get a blood test to show proof of immunity to chickenpox.
- A school staff may find documentation of a history of chickenpox in the IIS or on the CIS printed from the IIS. Please continue to enter or provide chickenpox history in the IIS—this is extremely helpful and counts as provider verification.
- A third valid provider verification is a letter from a healthcare provider, even if the provider is from out of the state.
- The last valid proof of chickenpox history is for the provider to mark box 2 on the CIS and sign the CIS verifying chickenpox history.

#### **Slide 26**

- We have been slowly moving up the varicella requirement since 2008. The State Board of Health recently decided that we needed to speed up the 2 dose requirement to make sure older teens are protected if they aren't already vaccinated or immune.
- So, next school year, in school year 2016-17, all students in Kindergarten through 12<sup>th</sup> grade will be required to have 2 doses of varicella vaccine for school entry.
- Please start gearing up as soon as possible and avoid the last minute rush. If your older teen patients haven't already received 2 doses of varicella vaccine, please vaccinated them at every possible chance, especially during sports physicals, well child visits, or during flu clinics if needed.

#### **Slide 27**

- We developed this flyer for schools to send to parents notifying them of this change. If you would like flyers for your clinic, you can order them for free by clicking on the link in the slide.

#### **Slide 28**

- Next, I will cover changes to the Certificate of Exemption.

#### **Slide 29**

- In July 2011, state law required healthcare providers to discuss the benefit and risks of vaccinations with parents, and to sign the Certificate of Exemption for parents.
- This is the Certificate that was developed in 2011.
- We received feedback that the form was confusing and may have created an increase in the number of medical exemptions because providers thought they needed to sign for a medical exemption even though there was no medical contraindication to a vaccine.

- We decided to revise the exemption form after we gathered input from multiple stakeholders, including parents, healthcare providers, and child care and school staff.

### **Slide 30**

- We received positive feedback about the new Certificate of Exemption form. Many people think it's less confusing than the previous form and is easier to fill out.
- There are 2 pages, or 2 sides, to the Certificate of Exemption.
- Side A is for medical, personal, and religious exemptions. Religious exemptions are for families who object to vaccinations because of their religious beliefs. Side B is for religious membership exemptions, in which families belong to a church or religious organization that doesn't believe in medical treatment.
- The parent/guardian declaration and provider declaration was added, especially to make sure parents understand that their child may not be allowed to attend school during an outbreak and that opting out of vaccinations may result in serious illness, disability, or death to the child or may adversely affect others.
- Please note the new box highlighted in yellow that asks for the specific type of exemption to each vaccine. Please fill this out as accurately as possible since we want to know if parents are opting out of specific vaccines due to personal or religious reasons, or if there's a medical contraindication to certain vaccines.
- We want to remind you about medical exemptions. Please check a medical exemption only if there's a medical contraindication to a vaccine. For example, if a child is undergoing chemotherapy for leukemia, then this child should have a medical exemption for MMR or varicella vaccine.
- Please DO NOT check medical exemption if the parent already requested a personal or religious exemption and there is no medical contraindication to that vaccine. Students are required to get a provider signature for an exemption; this doesn't mean that all students should automatically get a medical exemption. If a parent marks medical exemption and there's no medical contraindication, please correct this error on the form.

### **Slide 31**

- This is side B of the Certificate of Exemption. We decided to separate religious membership exemption requests to side B of the exemption form since it doesn't require a healthcare provider signature. We also wanted side A to be less confusing.
- Just as a reminder, side B is for families to fill out if they want a religious membership exemption because they belong to a church or religious organization that doesn't believe in medical treatment.

### **Slide 32**

- You can find many useful resources on our main school and child care web page.
- Look on our web page for the most current version of the Vaccines Required for School Attendance and Child Care/Preschool charts.
- You can click on the links found in the slide to access the documents.

### **Slide 33**

- Please take advantage of the special Epidemiology and Prevention of Vaccine-Preventable Diseases course that we are offering on September 16-17. You can register by clicking on the link found on the slide.
- There are job aids available from CDC to help determine how to catch-up a child with DTaP/Tdap/Td, Hib, and PCV vaccines.
- For immunization clinical questions or help with determining student compliance, please contact your local health department or send an email to DOH nurses at [immunenurses@doh.wa.gov](mailto:immunenurses@doh.wa.gov)
- For general questions about school requirements, you can send an email to [oi cpschools@doh.wa.gov](mailto:oi cpschools@doh.wa.gov)

### **Slide 34**

- Before we take questions, we wanted to provide a plug for a free HPV course that the Department of Health, along with our partners, are offering for healthcare providers. Please see the links on this slide. These slides will be available on our web page and you can click on the links on the slide to register for this free course. An email will be sent to you after the webinar with a link to the web page.