



Welcome to the Immunization Requirements Webinar for Schools!

- For technical difficulties, call 1-888-259-8414, press 1.
- During this webinar, everyone will be placed on mute.
- Please type in any questions in the question box. We will answer questions at the end of the presentation.
- The webinar will be recorded. The recording will be available after today's webinar here:
www.doh.wa.gov/Portals/1/Documents/Pubs/March2WebinarAnnouncement.pdf

Basic School Immunization Requirements

Department of Health Office of
Immunization and Child Profile
March 2, 2016

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY



Topics to be covered

- Importance of immunizations
- What are the immunization laws
- Certificate of Immunization Status
- Certificate of Exemption
- WA Immunization Information System
- MyIR

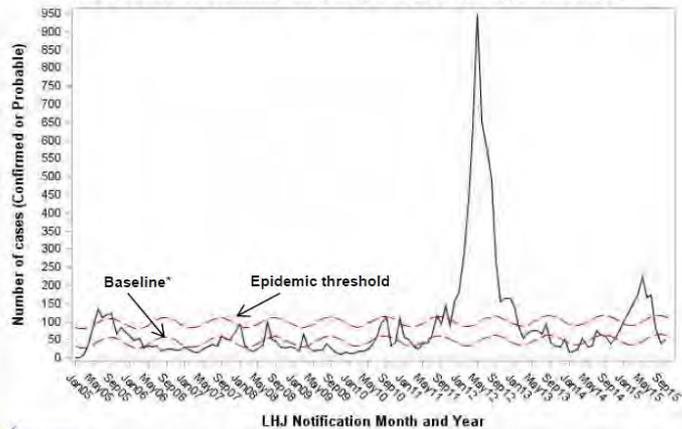


Why are Immunizations Important

Why are immunizations important?

- Diseases such as polio and measles used to kill thousands of people each year
- We don't see these diseases that were once common
- Outbreaks continue to occur
- Immunization requirements help to protect everyone

WA State Pertussis Cases Reported by Month and Year with Projected Baseline and Epidemic Thresholds, 2005-2014 and 2015 (through November)



*Monthly data values from the epidemic period were not used to project the baseline and epidemic threshold

Immunization Laws

What are the immunization laws?

www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/Regulations

- Children attending school and child care/preschool must comply with immunization requirements to protect against diseases.
- Children must be vaccinated against certain vaccine-preventable diseases at ages and intervals according to the national immunization schedule.
- Parent must submit completed [Certificate of Immunization Status](#) (or [Certificate of Exemption](#)).

Recommended vs required

Recommended

- Hepatitis B
- DTaP
- Tdap
- IPV
- MMR
- Varicella
- PCV
- Hib
- Hepatitis A
- HPV
- Meningococcal
- Flu
- Rotavirus

Required

School

- Hepatitis B
- DTaP
- Tdap
- IPV
- MMR
- Varicella

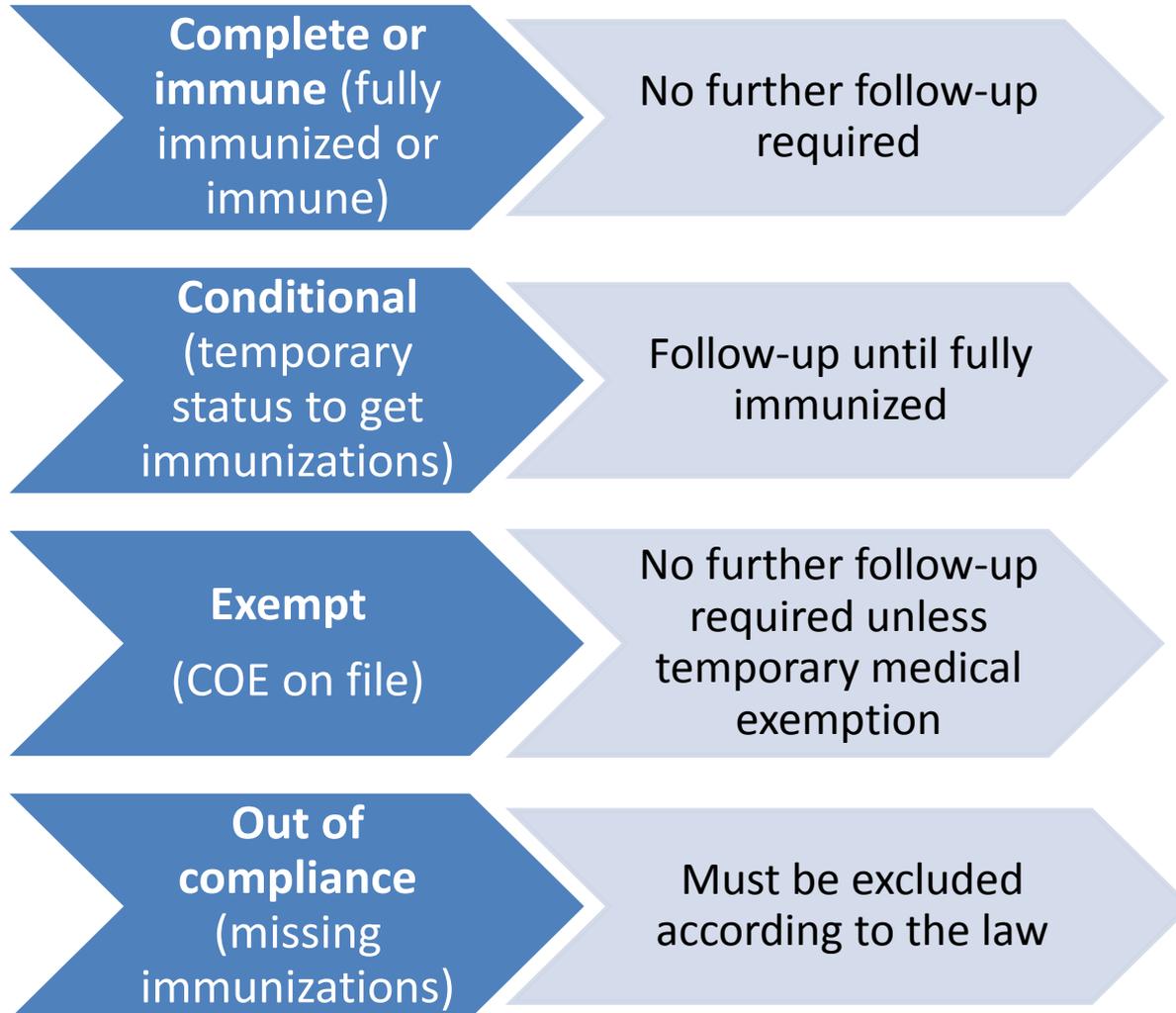
Child Care

- Hepatitis B
- DTaP
- IPV
- MMR
- Varicella
- PCV
- Hib

Responsibilities of Schools

- Obtain a CIS for each student.
- Check each student to determine if fully immunized, conditional, out of compliance, or exempt.
- Follow-up with students not fully immunized.
- Maintain a CIS or COE.
- Keep list of students not fully immunized, exempt, or in conditional status in case of an outbreak.
- Report immunization status of students by November 1 each year.

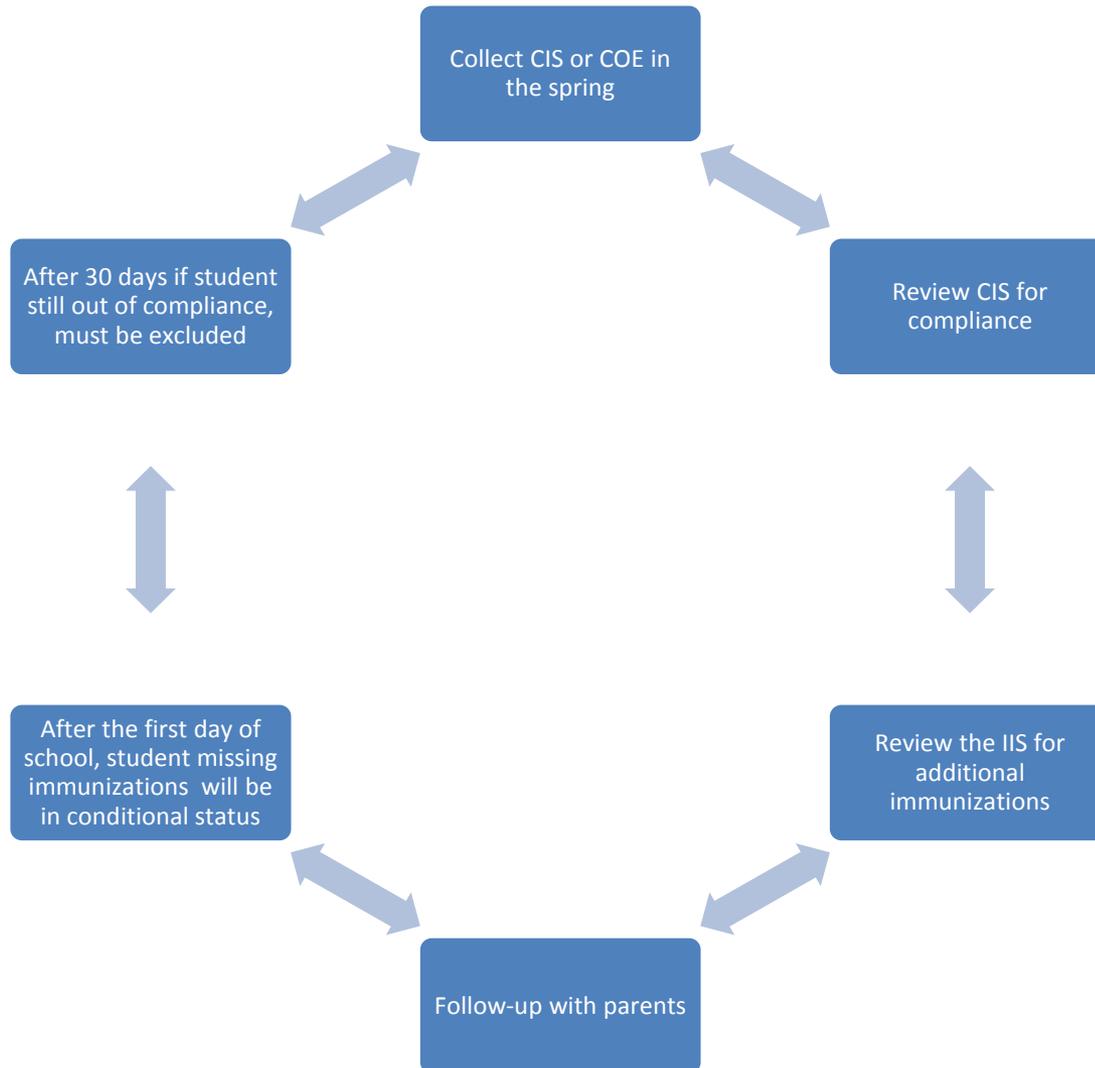
Immunization Status



These students are in compliance

- Fully immunized = vaccinated according to national recommended immunization schedule
- Immunity by lab test (documentation required)
- History of chickenpox disease
- Exemption on file

General Procedures



Certificate of Immunization Status



Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

Office Use Only:	
Reviewed by: _____	Date: _____
Signed Cert. of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Information System.

Child's Last Name: _____	First Name: _____	Middle Initial: _____	Birthdate (mm/dd/yyyy): _____	Sex: _____
Symbols below: ◆ Required for School and Child Care/Preschool ● Required for Child Care/Preschool Only ■ Recommended, but not required			I certify that the information provided on this form is correct and verifiable.	
Parent/Guardian Signature Required _____			Date _____	

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

Parent/Guardian Signature Required _____ Date _____

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
■ Rotavirus (RV1, RV5)				
	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap)				
	1			
■ Tetanus, Diphtheria (Td)				
	1			
	2			
● Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			
■ Influenza (flu, most recent)				

Vaccine	Dose	Date		
		Month	Day	Year
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			
	5			
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox)				
	1			
	2			
■ Hepatitis A (Hep A)				
	1			
	2			
■ Human Papillomavirus (HPV) – does not print from the IIS; write dates in by hand				
	1			
	2			
	3			
■ Meningococcal (MCV, MPSV)				
	1			
	2			

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.

Mark option 1, 2, OR 3 below (see # 5 on back)

1) Chickenpox disease verified by printout from the Immunization Information System (IIS) Must be marked by printout (not by hand) to be valid.

2) Chickenpox disease verified by healthcare provider (HCP) If you choose this box, mark 2A OR 2B below.
 2A) Signed note from HCP attached OR
 2B) HCP sign here and print name below:

 Licensed healthcare provider signature Date (MD, DO, ND, PA, ARNP)

Printed Name: _____

3) Chickenpox disease verified by school staff from the Immunization Information System

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.
Signed lab report(s) MUST also be attached.

Diphtheria Mumps Other: _____
 Hepatitis A Polio
 Hepatitis B Rubella
 Hib Tetanus
 Measles Varicella

 Licensed healthcare provider signature Date (MD, DO, ND, PA, ARNP)

Printed Name: _____

Vaccine Requirements

	Hepatitis B	DTaP/Td/Tdap* (Diphtheria, Tetanus, Pertussis)	Polio*	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)
Kindergarten – 5th Grade	3 doses	5 doses	4 doses	2 doses	2 doses OR Healthcare provider verified child had disease
6th – 12th Grade	3 doses	5 doses DTaP <i>AND</i> 1 dose Tdap	4 doses	2 doses	2 doses OR Healthcare provider verified child had disease

*Vaccine doses required may be fewer than listed.

Vaccine Requirements – Hepatitis B

	Hepatitis B	DTaP/Td/Tdap* (Diphtheria, Tetanus, Pertussis)	Polio*	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)
Kindergarten – 5 th Grade	3 doses	5 doses	4 doses	2 doses	2 doses OR Healthcare provider verified child had disease
6 th – 12 th Grade	3 doses	5 doses DTaP <i>AND</i> 1 dose Tdap	4 doses	2 doses	2 doses OR Healthcare provider verified child had disease

*Vaccine doses required may be fewer than listed.

Vaccine Requirements – DTaP and Tdap

	Hepatitis B	DTaP/Td/Tdap* (Diphtheria, Tetanus, Pertussis)	Polio*	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)
Kindergarten – 5 th Grade	3 doses	5 doses	4 doses	2 doses	2 doses OR Healthcare provider verified child had disease
6 th – 12 th Grade	3 doses	5 doses DTaP <i>AND</i> 1 dose Tdap	4 doses	2 doses	2 doses OR Healthcare provider verified child had disease

*Vaccine doses required may be fewer than listed.

Vaccine Requirements - IPV

	Hepatitis B	DTaP/Td/Tdap* (Diphtheria, Tetanus, Pertussis)	Polio*	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)
Kindergarten – 5 th Grade	3 doses	5 doses	4 doses	2 doses	2 doses OR Healthcare provider verified child had disease
6 th – 12 th Grade	3 doses	5 doses DTaP <i>AND</i> 1 dose Tdap	4 doses	2 doses	2 doses OR Healthcare provider verified child had disease

*Vaccine doses required may be fewer than listed.

Vaccine Requirements - MMR

	Hepatitis B	DTaP/Td/Tdap* (Diphtheria, Tetanus, Pertussis)	Polio*	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)
Kindergarten – 5 th Grade	3 doses	5 doses	4 doses	2 doses	2 doses OR Healthcare provider verified child had disease
6 th – 12 th Grade	3 doses	5 doses DTaP AND 1 dose Tdap	4 doses	2 doses	2 doses OR Healthcare provider verified child had disease

*Vaccine doses required may be fewer than listed.

Vaccine Requirements - Varicella

	Hepatitis B	DTaP/Td/Tdap* (Diphtheria, Tetanus, Pertussis)	Polio*	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)
Kindergarten – 5 th Grade	3 doses	5 doses	4 doses	2 doses	2 doses OR Healthcare provider verified child had disease
6 th – 12 th Grade	3 doses	5 doses DTaP <i>AND</i> 1 dose Tdap	4 doses	2 doses	2 doses OR Healthcare provider verified child had disease

*Vaccine doses required may be fewer than listed.

Immunization Requirements - Varicella

Option 1

- 2 doses of varicella vaccine

Option 2

- Healthcare provider verifies history of chickenpox

Option 3

- For 9th-12th grade only: parent report of history of chickenpox IF submitted **before or during** school year 2013-14

Option 4

- Blood test showing titer for immunity

Option 5

- Exemption

Ways that Provider Verifies Disease

School staff finds documentation in IIS and transfers to CIS

CIS printed from IIS

Provider documents on CIS hard copy

Letter from provider

Chickenpox Verification on the CIS



Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

Office Use Only:	
Reviewed by: _____	Date: _____
Signed Cert. of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Information System.

Child's Last Name: _____	First Name: _____	Middle Initial: _____	Birthdate (mm/dd/yyyy): _____	Sex: _____	I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.	
Symbols below: ◆ Required for School and Child Care/Preschool ● Required for Child Care/Preschool Only ■ Recommended, but not required				I certify that the information provided on this form is correct and verifiable.		
Parent/Guardian Signature Required _____				Date _____	Parent/Guardian Signature Required _____	Date _____

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
■ Rotavirus (RV1, RV5)				
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◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap)				
	1			
■ Tetanus, Diphtheria (Td)				
	1			
	2			
● Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			
■ Influenza (flu, most recent)				

Vaccine	Dose	Date		
		Month	Day	Year
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			
	5			
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox)				
	1			
	2			
■ Hepatitis A (Hep A)				
	1			
	2			
■ Human Papillomavirus (HPV) – does not print from the IIS; write dates in by hand				
	1			
	2			
	3			
■ Meningococcal (MCV, MPSV)				
	1			
	2			

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.
Mark option 1, 2, OR 3 below (see # 5 on back)

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 2A) Signed note from HCP attached OR
 2B) HCP sign here and print name below:

Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)

Printed Name: _____

3) Chickenpox disease verified by school staff from the Immunization Information System

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

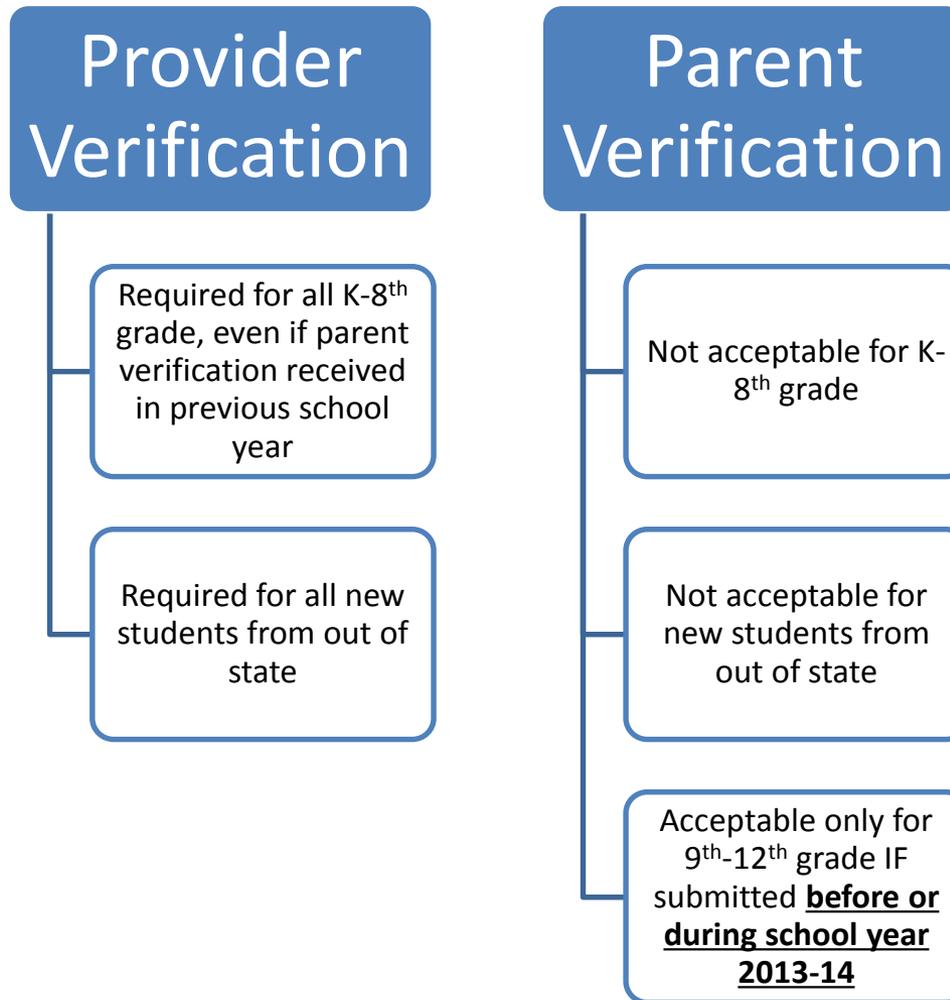
I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.
Signed lab report(s) MUST also be attached.

Diphtheria Mumps Other: _____
 Hepatitis A Polio _____
 Hepatitis B Rubella _____
 Hib Tetanus _____
 Measles Varicella _____

Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)

Printed Name: _____

Parent vs. Provider Verification of Disease



These guidelines apply to current students and students from another Washington district or school

Varicella Flyer

www.doh.wa.gov/YouandYourFamily/Immunization/FormsandPublications/Forms



**Washington State's New
Chickenpox Vaccine
Requirement
for Grades 7 - 12**

**Protecting teens
against chickenpox
is important.**

The new vaccine requirement will start in fall 2015 for students in 7th and 8th grades. They will need two doses of the vaccine.

In fall 2016 all students in 9th through 12th grade will also be required to have two doses of the vaccine.

Students who already had two doses of the vaccine do not need to repeat it.

**The vaccine prevents
chickenpox and its serious
complications.**

Teens are at higher risk of severe complications if they get chickenpox. The new requirement helps protect these young people.

Washington State has required only students in kindergarten through 6th grade to have two doses of chickenpox vaccine, until now. The new requirement is based on national recommendations from the Advisory Committee on Immunization Practices.

Where Can I Learn More?

Talk to your school nurse, healthcare provider, or visit the Department of Health at: www.doh.wa.gov/VaccineRequirements

 Health

If you have a disability and need this document in a different format, please call 1-800-625-0127 (TDD/TTY call 711).
DOH 346-488 January 2015

CIS FAQs

Do parents need to submit a new CIS every year?

Can I staple an immunization record from a provider to the CIS? Do I need to update the CIS for the parent?

Do I need to help parents fill out the CIS?

Do I need to get consent from parents before I update the CIS for them?

Can I accept a CIS from another state?

Certificate of Exemption

NOTICE: Complete this side if you belong to a church or religion that objects to the use of medical treatment.¹

If you have a religious objection to vaccinations, but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses, then you must use Side A of this Certificate of Exemption.

PARENT OR GUARDIAN INSTRUCTIONS

In order for this form to be legally valid for religious membership reasons, please:

Step 1: Fill in your child's information in Boxes 1-4

Step 2: Read the Parent/Guardian Declaration, check the box indicating that you are exempting your child from all required vaccines, and provide your initials where indicated

Step 3: Provide the name of the church or religion of which you are a member, and print your name, sign, and date in Boxes 5-7

1. Child's Last Name

2. Child's First Name and Middle Initial

3. Birthdate (mm/dd/yyyy)

4. Gender

M F

I am the parent or legal guardian of the above named child and I am exempting my child from all required vaccinations.

Parent/Guardian Declaration

I understand that:

- My child may not be allowed to attend school or child care during an outbreak of the disease that my child has not been fully vaccinated against. _____ (initial)
- Exempting my child from all required vaccines may result in serious illness, disability, or death to my child or others. I understand the risks and possible outcomes of my decision to exempt my child. _____ (initial)
- The information provided on this form is complete and correct. _____ (initial)

I affirm that I am a member of a church or religion whose teachings preclude healthcare practitioners from providing any medical treatment to my child.

5. Name of Church or Religion of Which You Are a Member

6. Print Parent/Guardian Name

7. Parent/Guardian Signature and Date

¹RCW 28A.210.090 "The parent or legal guardian demonstrates membership in a religious body or a church in which the religious beliefs or teachings of the church preclude a health care practitioner from providing medical treatment to the child."

Exemption FAQs

Can I accept an exemption from another state?

Does the COE need to be signed by a WA provider?

Do parents have to submit a new COE every year?

Do I need to get a new COE for a student who submitted a form not signed by a provider in the past?

WA Immunization Information System

Immunization Information System

- Public and private schools are eligible to use the system if they:
 - Serve any grades between K and 12
 - Have a school nurse on staff or under contract to track and report immunizations
- The school nurse may be a volunteer
- An information sharing agreement needs to be in place
- Email sonja.morris@doh.wa.gov

MyIR

www.doh.wa.gov/YouandYourFamily/Immunization/ChildProfileHealthPromotion/ForParents/AccessyourFamilyImmunizationInformation

- Parents can sign up for MyIR to access immunization records and print the CIS
- Fill out an [Authorization to Release Immunization Records \(PDF\)](#)
 - Mail, fax, or e-mail the form to:
Washington State Immunization Information System
PO Box 47843
Olympia, WA 98504-7843
Fax: 360-236-3590
E-mail: WAIISRecords@doh.wa.gov
- Once the signed form is received, we'll register parents in MyIR and send a temporary PIN and instructions on what to do next.

Resources

- Main school and child care web page:
www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization.aspx
- Vaccine requirements:
www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/VaccineRequirements.aspx
- Forms and sample letters:
www.doh.wa.gov/YouandYourFamily/Immunization/FormsandPublications/Forms
- Immunization toolkit: <http://immstoolkit.org/>
- Immunization Manual for Schools, Preschools, and Child Cares:
www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/SchoolManual

Need help?

- For questions about whether a student needs more vaccine doses, send an email to DOH nurses at immunenurses@doh.wa.gov
- For school policy or requirement questions, send an email to oicpschools@doh.wa.gov

- Please take a few minutes to complete an evaluation will pop up after you exit the webinar.
- A certificate of completion is available after you complete the evaluation:
www.doh.wa.gov/Portals/1/Documents/Pubs/March2WebinarAnnouncement.pdf



**Thank you for attending the
webinar!**

Please type in your questions.