



# Welcome to the CIS and School Immunization Requirements Webinar!

- 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/Aug31WebinarAnnouncement.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/Aug31WebinarAnnouncement.pdf)



# New Certificate of Immunization Status and School Immunization Requirements

Department of Health  
Office of Immunization and Child Profile  
August 31, 2016

**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER COMMUNITY



# Topics to be covered

- New Certificate of Immunization Status (CIS)
- School Immunization Requirements – changes for school year 2016-17

# New 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.

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (mm/dd/yyyy):</b>	<b>Sex:</b>
Symbols below: <input type="checkbox"/> Required for School and Child Care/Preschool <input type="checkbox"/> Required for Child Care/Preschool Only <input type="checkbox"/> 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
<b>◆ Hepatitis B (Hep B)</b>				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
<b>■ Rotavirus (RV1, RV5)</b>				
	1			
	2			
	3			
<b>◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)</b>				
	1			
	2			
	3			
	4			
	5			
<b>◆ Tetanus, Diphtheria, Pertussis (Tdap)</b>				
	1			
<b>■ Tetanus, Diphtheria (Td)</b>				
	1			
	2			
<b>● Haemophilus influenzae type b (Hib)</b>				
	1			
	2			
	3			
	4			
<b>■ Influenza (flu, most recent)</b>				

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

## New Certificate of Immunization Status (CIS)

- Should be released at the end of September
- Shows if a child is complete or not complete for school or child care entry
- The IIS assesses each child against the immunization requirements for school by grade, and for child care by age.

# Demo

- Search for a patient
- Demographic screen
- View/add screen
- Reports, state reports
- School report
- Child care report

# Explanation of Terms

- **Pass**
  - Child has all the required immunizations for school or child care
- **Fail**
  - Child has not completed all the required immunizations but is not in the process of completing the series
- **Temporary**
  - A child is in the process of completing a series of vaccinations and is due for another dose in the next 30 days
  - The expiration date will be 30 days after the next dose of any vaccine is due

## New Certificate of Immunization Status (CIS)

- Encourage parents to get the CIS from the IIS:
  - send an email to [waiisrecords@doh.wa.gov](mailto:waiisrecords@doh.wa.gov)
  - Call (360) 236-3595
  - Parents can sign up for [MyIR](#)

**If no immunization dates are in the IIS, the [current hard copy CIS](#) should be used. The hard copy has NOT been updated yet**

## Future Changes – Scheduled for January

- Change from Pass/Fail/Temporary to Complete/Not Complete/Conditional
- Immunization action report
- HPV vaccinations will not show

# School Immunization Requirements



## VACCINES REQUIRED FOR SCHOOL ATTENDANCE, GRADES K-12

July 1, 2016 – June 30, 2017

VACCINE	Kindergarten - 5 <sup>th</sup> Grade	6 <sup>th</sup> - 9 <sup>th</sup> Grade	10 <sup>th</sup> - 12 <sup>th</sup> Grade
Hepatitis B	<b>3 doses</b> Dose 3 must be given on or after 24 weeks of age		<b>3 doses</b> Dose 3 must be given on or after 4 months of age
Diphtheria, Tetanus, and Pertussis (DTaP/DT/Td/Tdap)	<b>5 doses</b> (4 doses only IF 4 <sup>th</sup> dose given on or after 4 <sup>th</sup> birthday)  <i>Plus</i>  <b>1 dose Tdap required for 6<sup>th</sup>-12<sup>th</sup> grade AND</b> on or after 11 years of age <i>(see page 2 for more details)</i>		
Polio (IPV or OPV)	<b>4 doses</b> (3 doses only IF 3 <sup>rd</sup> dose given on or after 4 <sup>th</sup> birthday) <ul style="list-style-type: none"> <li>The final dose given on or after August 7, 2009, must be given on or after 4 years of age AND a minimum interval of 6 months from the previous dose.</li> </ul>	<b>4 doses</b> (3 doses only IF 3 <sup>rd</sup> dose given on or after 4 <sup>th</sup> birthday)	
Measles, Mumps, and Rubella	<b>2 doses</b>		
Varicella	<b>2 doses</b>  OR  Healthcare provider verified disease		

- Look at the Minimum Age and Interval Table on page 2 for recommended minimum age and spacing information.
- Review the Individual Vaccine Requirements Summary for more detailed information:  
[www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/VaccineRequirements.aspx](http://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/VaccineRequirements.aspx)

# Vaccine Requirements – Hep B

## K-9<sup>th</sup> grade

Dose 3 must be given min age of 24 weeks

## 10<sup>th</sup>-12<sup>th</sup> grade

Dose 3 must be given min age of 4 months

# Vaccine Requirements – IPV

K-5<sup>th</sup> Grade

Dose 4, if given on or after Aug 7, 2009

Must be given  $\geq 4$  years of age

Separated from dose 3 by  $\geq 6$  months

# Vaccine Requirements – IPV

K-5<sup>th</sup> Grade

Dose 4, if given before Aug 7, 2009

Dose 1 must be given  $\geq 6$  weeks of age

Interval between doses 1, 2, 3, and 4 must be  $\geq 4$  weeks each

Dose 4 must be given  $\geq 18$  weeks of age

# Vaccine Requirements – IPV

6<sup>th</sup>-12<sup>th</sup> Grade

Dose 1 must be given  $\geq 6$  weeks of age

Interval between doses 1, 2, 3, and 4 must be  $\geq 4$  weeks each

Dose 4 must be given  $\geq 18$  weeks of age

# Immunization Requirements - Varicella

Option 1

- 2 doses of varicella vaccine

Option 2

- Healthcare provider verifies history of chickenpox

Option 3

- For 9<sup>th</sup>-12<sup>th</sup> 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

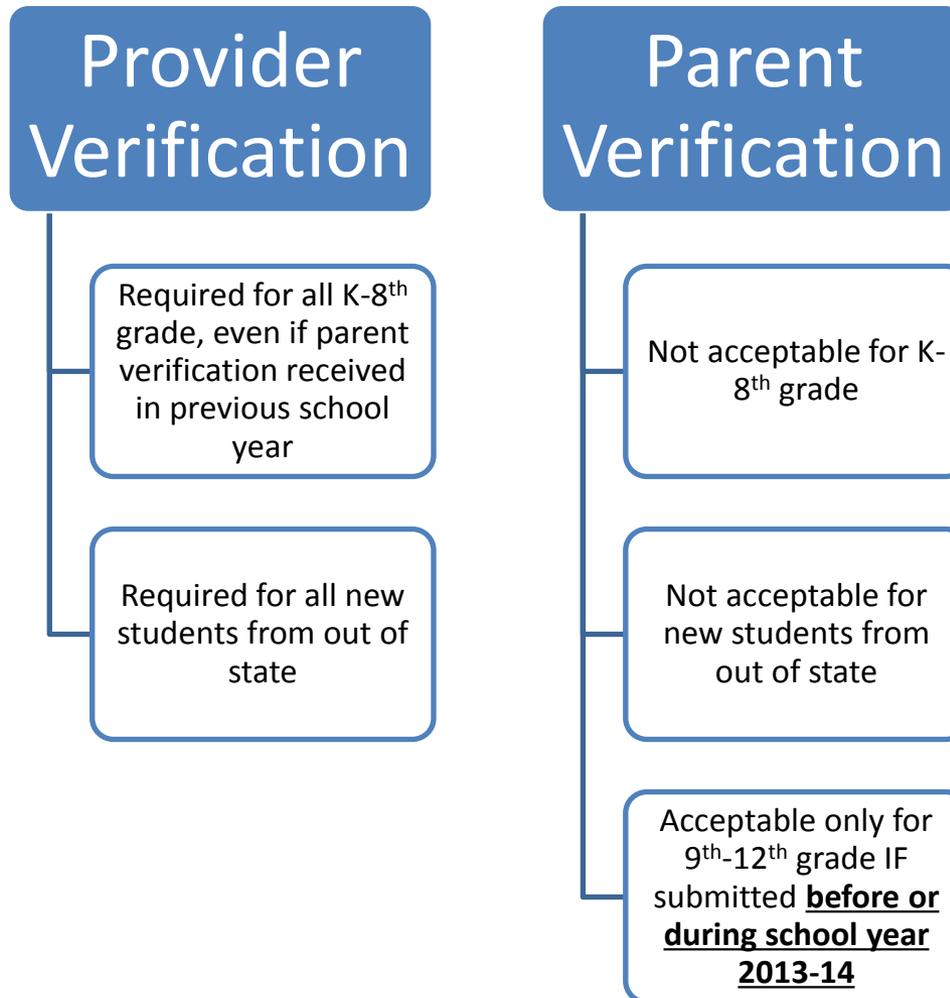
School staff finds documentation in IIS and transfers to CIS

CIS printed from IIS

Provider documents on CIS hard copy

Letter from provider

# Parent vs. Provider Verification of Disease



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

# Resources

- New varicella requirement:  
[www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/VaricellaVaccineRequirement](http://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/VaricellaVaccineRequirement)
- Main school and child care web page:  
[www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization.aspx](http://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization.aspx)
- Vaccine requirements:  
[www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/VaccineRequirements.aspx](http://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/VaccineRequirements.aspx)
- Forms and sample letters:  
[www.doh.wa.gov/YouandYourFamily/Immunization/FormsandPublications/Forms](http://www.doh.wa.gov/YouandYourFamily/Immunization/FormsandPublications/Forms)

# Need help?

Send an email to [oi cps schools@doh.wa.gov](mailto:oi cps schools@doh.wa.gov)

- Please take a few minutes to complete an evaluation that 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/Aug31WebinarAnnouncement.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/Aug31WebinarAnnouncement.pdf)



**Thank you for attending the  
webinar!**

**Please type in your questions.**