



Welcome to the Immunization Requirements Webinar for Clinic Staff!

- 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 and PowerPoint presentation will be available after today's webinar here:
www.doh.wa.gov/Portals/1/Documents/Pubs/April30WebinarAnnouncement.pdf



School and Child Care Immunization Requirements

Department of Health Office of
Immunization and Child Profile
April 30, 2015

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY



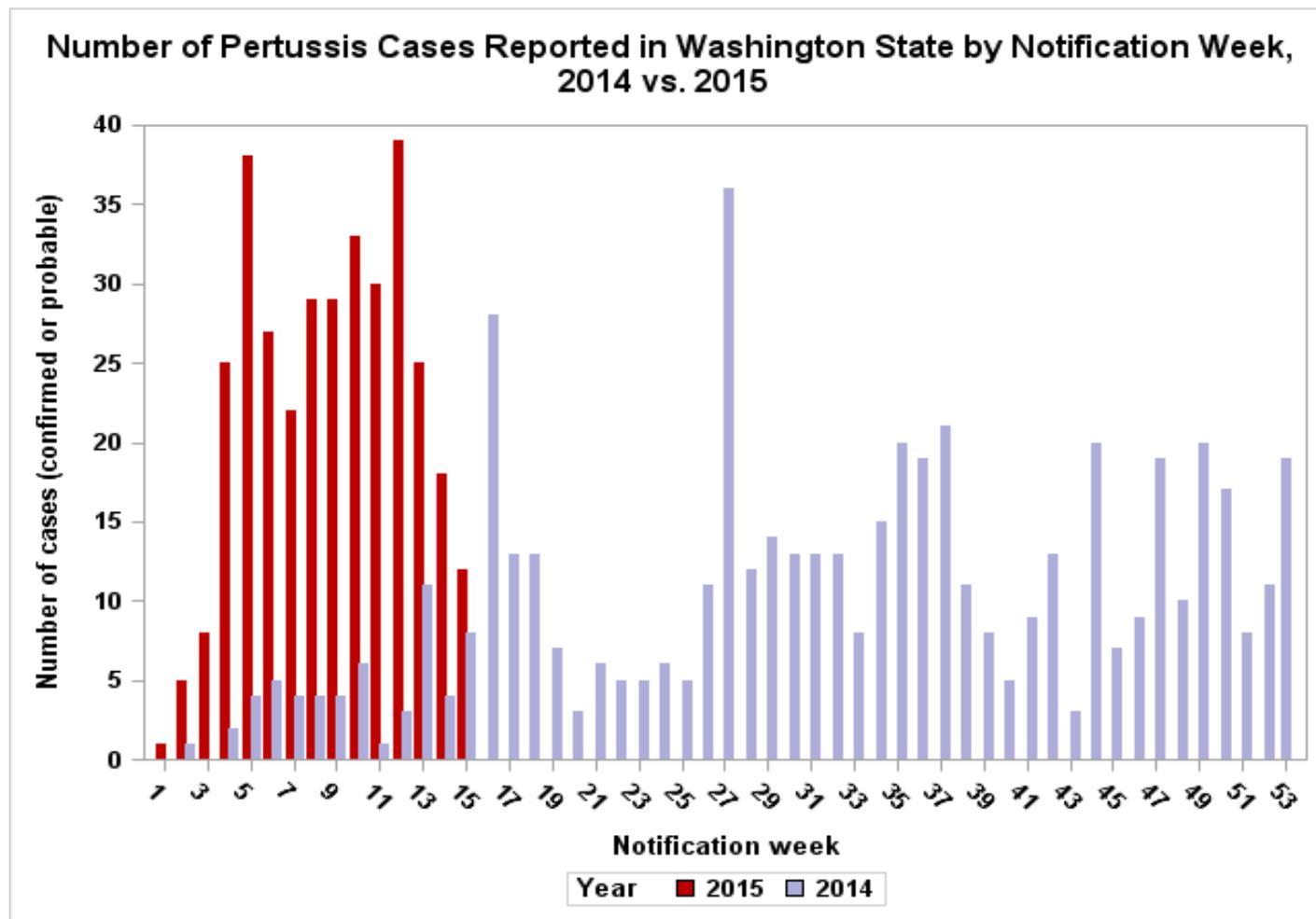
Topics to be covered

- 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?

Why do we need immunizations and an immunization law?

- We don't see diseases once common. Vaccines successfully prevent disease
- However, diseases and outbreaks still occur
- Children are at increased risk in the school and child care setting
- School and child care immunization requirements effective in reducing disease

Outbreaks



What are the immunization laws?

- Students 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

- Hepatitis B
- DTaP
- Tdap
- IPV
- MMR
- Varicella
- PCV (for child care)
- Hib (for child care)

WA Immunization Information System

Benefits of the WA Immunization Information System

- Review forecasting tool to determine if more immunizations needed
- Print CIS with immunizations pre-printed for parents to sign:

www.doh.wa.gov/Portals/1/Documents/Pubs/348-389-CIS-PrintingInstructions.pdf

IIS Forecasting Tool

- ▲ Main
 - Home
 - Logout
 - Select Facility
 - Document Center
- ▶ Message
- ▶ Favorites
- ▶ Patient
- ▲ Vaccinations
 - View/Add
 - Forecast
 - Summary
- ▶ Reports
- ▶ Settings
- CASA Export
- ▶ Exports
- Scheduled Reports
- Job Queue
- Change Password
- Answers

Vaccination Summary

Vaccinations outside the ACIP schedule are marked with an 'X'.

Vaccine	1	2	3	4	5	6	7	8
DTaP/DTP/Td	06/15/2004 16 months	08/15/2004 18 months	02/15/2005 24 months					
Tdap	02/15/2010 7 years							
OPV/IPV	04/15/2003 8 weeks	12/15/2003 10 months	02/15/2005 24 months	03/15/2006 3 years	02/15/2007 4 years			
MMR	02/15/2007 4 years	03/15/2007 4 years						
Hep B - 3 Dose	02/15/2003 0 days							
Measles	06/15/2004 16 months	08/15/2004 18 months						
Mumps	06/15/2004 16 months	08/15/2004 18 months						
Rubella	06/15/2004 16 months	08/15/2004 18 months						

Invalid Vaccinations

Invalid Vaccinations	Date	Reason

Vaccine Deferrals

Vaccine	Dose	Date

Vaccine Contraindications

▼ Contraindications

▼ Exemptions

▼ Precautions



iWeb

Version: 5.14.8.0



Vaccination Forecast

The forecast automatically switches to the accelerated schedule when a patient is behind schedule.

Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status
HEP-B 3 DOSE	2	03/15/2003	03/15/2003	06/15/2003	Past Due
FLU	1	08/15/2003	08/15/2003	09/14/2003	Past Due
HEP-A	1	02/15/2004	02/15/2004	02/15/2005	Past Due
VARICELLA	1	04/12/2007	04/12/2007	05/12/2007	Past Due
HPV	1	02/15/2014	02/15/2012	02/15/2016	Due Now
MENINGOCOCCAL	1	02/15/2014	02/15/2014	02/15/2016	Due Now
DTaP/DT/Td	5	02/15/2020	02/15/2015	03/16/2020	Up to Date

Vaccine Requirements

VACCINES REQUIRED FOR SCHOOL ATTENDANCE, GRADES K-12

July 1, 2015 – June 30, 2016

VACCINE	Kindergarten - 4 th Grade	5 th - 8 th Grade	9 th - 12 th Grade
Hepatitis B	3 doses Dose 3 must be given on or after 24 weeks of age		3 doses Dose 3 must be given on or after 4 months of age
Diphtheria, Tetanus, and Pertussis (DTaP/DT/Td/Tdap)	5 doses (4 doses only IF 4 th dose given on or after 4 th birthday) <i>plus</i> 1 dose Tdap required for 6th-12th grade AND on or after 11 years of age (see page 2 for more details)		
Polio (IPV or OPV)	4 doses (3 doses only IF 3 rd dose given on or after 4 th birthday) <ul style="list-style-type: none"> • 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. 	4 doses (3 doses only IF 3 rd dose given on or after 4 th birthday)	
Measles, Mumps, and Rubella	2 doses		
Varicella	2 doses OR Healthcare provider verifies disease		Recommended , but not required*

*In school year 2016-2017, students in 9th- 12th grade will be required to have 2 doses of varicella vaccine.

- 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

Minimum Age & Interval for Valid Vaccine Doses

Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
Hepatitis B HepB	Dose 1	Birth (K-12 th)	4 weeks between Dose 1 & 2 (K-12 th)	<ul style="list-style-type: none"> 2 doses valid if adult Recombivax HB[®] given between ages 11 and 15 and doses separated by at least 4 months.
	Dose 2	4 weeks (K-12 th)	8 weeks between Dose 2 & 3 (K-12 th)	
	Dose 3	24 weeks (K-8 th) 4 months (9 th -12 th)	16 weeks between Dose 1 & 3 (K-8 th) 12 weeks between Dose 1 & 3 (9 th -12 th)	
Diphtheria, Tetanus, and Pertussis DTaP/DT	Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> DTaP: for children through age 6. 6 month interval is recommended between Dose 3 and Dose 4, but minimum interval of 4 months is acceptable. Students 7-10 years of age not fully immunized with DTaP should get one Tdap followed by additional doses of Td if needed. DTaP given after age 7 counts for the Tdap dose; no Tdap required at 11-12 years of age.
	Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	Dose 3	14 weeks	6 months between Dose 3 & 4	
	Dose 4	12 months	6 months between Dose 4 & 5	
	Dose 5	4 years	–	
Tetanus, Diphtheria, and Pertussis Tdap	Dose 1	10 years recommended. See notes for exceptions	–	<ul style="list-style-type: none"> Tdap: for children 7 years of age or older. If no DTaP doses given before age 7, students must get Tdap followed by 2 doses of Td. Tdap given between 7-10 years of age is valid and meets the requirement. Can be given regardless of the interval between DTaP or Td.
Tetanus and Diphtheria Td	Dose 1	7 years	5 years	<ul style="list-style-type: none"> Td: for children 7 years of age or older.
Polio IPV or OPV	Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> Not required for students 18 years and older. If all doses before August 7, 2009: 4 week minimum interval must separate all doses and Dose 4 minimum age must be at least 18 weeks of age.
	Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	Dose 3	14 weeks	6 months between Dose 3 & 4	
	Dose 4	4 years	–	
Measles, Mumps, and Rubella MMR	Dose 1	12 months	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> MMRV (MMR + varicella) may be used instead of separate MMR and varicella vaccines. Must get the same day as VAR <u>OR</u> at least 28 days apart. 4-day grace <u>DOES</u> apply between doses of the same live vaccine such as MMR/MMR or MMRV/MMRV. The 4 day grace period <u>DOES NOT</u> apply between Dose 1 and Dose 2 of different live vaccines, such as between MMR and Varicella or between MMR and live flu vaccine.
	Dose 2	13 months	–	
Varicella (chickenpox) VAR	Dose 1	12 months	3 months between Dose 1 & 2 (12 months through 12 years) 4 weeks between Dose 1 & 2 (13 years and older)	<ul style="list-style-type: none"> Recommended: 3 months between varicella doses, but minimum interval of 28 days acceptable. Minimum age of 13 months also acceptable. Must get the same day as MMR <u>OR</u> at least 28 days apart. 4-day grace <u>DOES</u> apply between doses of the same live vaccine; <u>DOES NOT</u> apply between doses of different live vaccines.
	Dose 2	15 months	–	

Immunization Requirements - DTaP

- 5 doses required for K-12th grade

Exception:
4 doses required if 4th dose given \geq 4th birthday

Immunization Requirements - Tdap

- 1 dose required for 6-12th grade IF student is 11 years of age or older

Exception:

Tdap given between 7-10 years of age counts for the 6th grade requirement

Immunization Requirements – DTaP/Tdap/Td

- DTaP: 6 years of age and younger
- Tdap and Td: 7 years of age and older
- Tdap is recommended once, then switch to Td every 10 years

Immunization Requirements – DTaP/TdaP/Td

Students 7 years of age or older

Less than
5 doses of
DTaP

- Tdap for catch-up

No DTaP
<7 years
of age

- Tdap followed by 2 Td

Immunization Requirements – Hepatitis B

- 3 doses required for K-12th grade
- K-8th grade: Dose 3 must be given min age of 24 weeks
- 9th-12th grade: Dose 3 must be given min age of 4 months

Exception:

Students 11-15 years of age can get 2 doses of adult Recombivax hep B vaccine

Immunization Requirements - IPV

- 4 doses required for K-12th grade

Exception: 3 doses required if 3rd dose given
≥4th birthday

Immunization Requirements - IPV

K-4th Grade

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

Must be given ≥ 4 years of age

Separated from dose 3 by ≥ 6 months

Immunization Requirements - MMR

- 2 doses required for K-12th grade
- Dose 1 and dose 2 must be separated by 4 weeks

Please remember:
Dose 1 must be given at least 1 year of age

Immunization Requirements - Varicella

- 2 doses required for K-8th grade for upcoming school year
- 3 months is recommended between dose 1 and 2; however, if at least 4 weeks separates doses, this is valid

Please remember:
Dose 1 must be given at least 1 year of age

4 Day Grace Period



- Vaccines given 4 days or less before the minimum interval or age are valid
- Acceptable for school and child care immunization requirements
- Applies to all vaccines.
Exception: does not apply between dose 1 and 2 of different live vaccines not given on the same day
- Example: MMR vaccine given 3 days before 12 months of age is valid



Change in Varicella Requirement for School Year 2015-16

Immunization Requirements - Varicella

2 doses of varicella vaccine required for K-8th grade

Option 1

- Blood test showing titer for immunity

Option 2

- Documentation in IIS or CIS printout

Option 3

- Letter from provider (out of state valid)

Option 4

- Provider documents on CIS hard copy

Varicella Requirement

By school year 2016-17

2 doses of varicella vaccine required for K-12th grade

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 348-488 January 2015



New Certificate of Exemption

Certificate of Exemption

For School, Child Care and Preschool Immunization Requirements¹

2011



DIRECTIONS: All exemptions must have a licensed health care provider sign & date Box 1 ('Provider Statement').² Exception: Box 1 is not required for religious exemptions when Box 2 ('Demonstration of Religious Membership') is completed. All exemptions must also have a parent/guardian sign & date Box 3 ('Parent/Guardian Statement').

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (mm/dd/yyyy): _____ Sex: _____ Parent/Guardian Name (please print): _____

Parent/Guardian, please choose the exemption(s) that apply to your child below.

Temporary Medical Exemption

Permanent Medical Exemption

_____ Until _____
Vaccine(s) Date (or Permanent)

Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

X _____ X _____
Signature of Licensed Health Care Provider Date

Personal/Philosophical Exemption (see Box 1)

Religious Exemption (see Box 1)

Religious Membership Exemption (see Box 2)

I do not want my child to get the following vaccine(s):

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Pertussis (whooping cough) |
| <input type="checkbox"/> Pneumococcal | <input type="checkbox"/> Polio | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) | |

Other (indicate): _____

Box 1

Provider Statement²: "I, _____, am a qualified provider (MD, DO, ND, PA, ARNP) licensed under Title 18 RCW. I confirm that the parent or guardian signing in Box 3 (Parent/Guardian Statement) has received information on the benefits and risks of immunization to their child as a condition for exempting their child for medical, religious, personal, or philosophical reasons."

X _____
Signature of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

X _____
Date

Box 2

Parent/Guardian Demonstration of Religious Membership: "I am a member of a church or religious body whose beliefs or teachings do not allow for medical treatment from a health care practitioner. By supplying the information requested below, no further proof or signed provider statement in Box 1 is required for this religious exemption."

X _____
Name of Church or Religious Body

X _____ X _____
Signature of Parent or Guardian Date

Box 3

Parent/Guardian Statement: "I certify that all the information provided on this certificate is correct and verifiable. I understand that if there is an outbreak of a vaccine-preventable disease my child has not been fully immunized against (as indicated above, for medical, personal/philosophical or religious reasons), my child may be at risk for disease and can be excluded from school, child care, or preschool until the outbreak is over."

X _____ X _____
Signature of Parent or Guardian Date

If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

¹ RCW 28A.210.080-090 states that before or on the first day of every child's attendance at any public and private school or licensed child care center in Washington State, the parent or guardian must present proof of either: (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the State Board of Health, or (3) a certificate of exemption, signed by a parent or guardian and a licensed health care provider.

² A letter may substitute for a signed 'Provider Statement' on this certificate. To be accepted, the letter must reference the child's name on this certificate, confirm that the child's parent or guardian got information on the risks and benefits of immunization to their child, and be signed by a licensed health care provider.

**2015
Side B**

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."

Resources

- Main school and child care web page: www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization.aspx
- Vaccines Required for School Attendance chart: www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/VaccineRequirements.aspx
- Vaccines Required for Child Care/Preschool Attendance chart: www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/VaccineRequirements.aspx
- Immunization web page: www.doh.wa.gov/YouandYourFamily/Immunization
- Immunization Action Coalition: www.immunize.org

Resources

- Epidemiology and Prevention of Vaccine-Preventable Diseases (the Pink Book) Course September 16-17, 2015 at Hotel Murano in Tacoma. Register here: CDC2day.eventbrite.com
- CDC job aids for DTaP/Tdap/Td, Hib, and PCV: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html#job-aids
- For clinical questions, contact your local health department or send an email to DOH nurses at immunenurses@doh.wa.gov
- For school requirement questions, send an email to oi cpschools@doh.wa.gov

Free CME HPV Course

- Flyer:
www.cardeaservices.org/documents/elearning/HPV_course_flyer.pdf
- Register for the free course:
www.cardeaservices.org/resourcecenter/you-are-the-key-to-hpv-cancer-prevention

Please take a few minutes to complete an evaluation that will be emailed to you after the webinar.

A certificate of completion is available after you complete the evaluation:

www.doh.wa.gov/Portals/1/Documents/Pubs/April30WebinarAnnouncement.pdf

- **Thank you for attending the webinar!**
- **Please type in your questions.**