

Slide 3

- Hi everyone, this is Trang.
- Kristin and I will cover the following topics during today's webinar:
 - School year 2016-17 specific vaccine requirements
 - A detailed review of the varicella vaccine requirement
 - A few basic details about the Immunization Information System, and My Immunization Registry

Slide 4

- I will start discussing the details around vaccines required for school.

Slide 5

- Before I talk about the vaccine requirements, I would like to briefly discuss the immunization laws.
- The purpose of school as well as child care immunization laws is to protect everyone against disease by ensuring high rates of vaccination coverage. We strive to achieve what is called "community immunity" when we have high levels of vaccination coverage. This means most of us are vaccinated, so we can protect children who are immunocompromised because there are many around them who are well immunized.
- Here are the basics of school and child care immunization laws: all children attending public or private school, and child care or preschool must be immunized.
- Parents are required to submit the Certificate of Immunization Status (or CIS) for each child. The law currently requires the CIS to be filled out. Unfortunately, an immunization record from a clinic stapled to a blank CIS is not valid. We will discuss ways parents can get a pre-filled CIS later in this webinar.
- If parents or guardians want to exempt (or excuse) their child from these requirements, they need to fill out a Certificate of Exemption (or COE) and get a healthcare provider to sign the COE.
- In our state, to be in compliance with immunization requirements, children must get vaccine doses at the correct ages and spacing between doses to be valid. For example, if a child got MMR vaccine at 6 months of age rather than at 12 months of age, this dose is invalid. I will talk about this requirement in a little while.

Slide 6

- Schools are responsible for the following.
- Each student must have a Certificate of Immunization Status (or CIS) with immunizations listed and a parent or guardian signature.
- Schools must check each student's CIS to make sure students have all required immunizations or if they are out of compliance.
- Be sure to follow-up with all students not fully immunized or missing immunizations. You can do this by talking to parents when they're in the school, calling parents or guardians, sending a letter, or sending an email.
- It is the school's responsibility to collect the CIS or Certificate of Exemption (COE) for all students. It is important to file these forms in a manner that makes the most sense to you and keep the forms while the student is attending your school.

- In case of an outbreak, it is important to keep a list of students not fully immunized, exempt, or in conditional status. You are required to report an outbreak to your local health department. The definition of outbreak varies depending on the disease. The list of students who are at-risk will be helpful in determining which students should be excluded during an outbreak. If you have any questions about communicable diseases at your school, please call your local health department.
- Lastly, the law requires each public and private school to report the immunization status of your students to the Department of Health by November 1st each year. If you don't already know about this requirement, please contact us for more information. We will provide a webinar in the fall to help you with reporting. Look for an announcement from us in the fall.

Slide 7

- 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. When kids are vaccinated according to the national recommendations, they have optimal protection against disease.
- We make this Vaccines Required Chart available to school staff each school year. School staff refer to it as they review the Certificate of Immunization Status for each student or program their student information systems to match these requirements.
- This chart shows all the vaccines required for children attending school by grade or age.

Slide 8

- Let's start by discussing hepatitis B vaccine requirements first.
- All kindergarteners through 12th graders are required to get 3 doses.

Slide 9

- All children through 18 years of age are recommended to get hep B vaccine at birth, 1-2 months, and dose 3 at 24 weeks of age (or around 6 months of age).
- In the fall, students in kindergarten through 9th 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.
- 9th through 12th 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 3rd dose.
- If you look at the Immunization Information System forecast, it will show you accurately if a student in these grades are required to repeat an invalid dose.

Slide 10

- This student, Princess Leia, got hepatitis B vaccine at 1 day of age, 4 weeks of age, and at 4 months of age.
- **Poll question: is this student in compliance?**

Slide 11

- The next vaccine requirement that I will discuss is DTaP, Tdap, and Td vaccine.

Slide 12

- Here are a few common points to remember about DTaP and Tdap vaccines.
- DTaP vaccine is recommended for all children up to age 7.

- Children are recommended to get 5 doses of DTaP vaccine at ages 2, 4, 6, 15-18 months, and a booster dose between 4-6 years of age.
- If a student got only 4 doses, but the 4th dose was given on or after the 4th birthday, then dose 5 is NOT required.
- If a student didn't get a complete series of DTaP vaccine when they were under 7 years of age, then they must complete the series with Tdap and if needed, Td.
- If a student got DTaP after age 7 in error (because this isn't recommended), then this dose can be counted valid for Tdap and no Tdap is required at age 11.

Slide 13

- Next, I will talk about Tdap vaccine.
- Tdap vaccine is routinely recommended for all adolescents between ages 11-12. This vaccine is also recommended for children starting at 7 years of age and older if they were not fully immunized with DTaP.
- One of the most common scenarios is among students who have not received ANY dose of DTaP vaccine. If a student has NOT received ANY DTaP vaccine, then they must get Tdap, followed by 2 Td vaccines. After this series, they will need Td boosters every 10 years.
- If a child is over 7 years of age but did NOT get the full series of DTaP vaccines, then the child needs to get Tdap vaccine.
- If a student got Tdap vaccine between 7-10 years of age, then he or she meets the 6th grade requirement and will not need a Tdap at 11 years of age.

Slide 14

- We frequently get questions about students who have not received a complete series of DTaP vaccine and what they need to do to catch-up.
- Here are some general rules to go by to determine if the student needs more DTaP, Tdap, or Td vaccines.
- If a student got DTaP dose 1 before 12 months of age, the student needs a total of 4 doses of any combination of DTaP, Tdap, and Td vaccine. The 4 total doses MUST include Tdap vaccine.
- If a student got DTaP dose 1 on or after 12 months of age, the student needs only a total of 3 doses of any combination of DTaP, Tdap, and Td vaccine. The 3 total doses MUST include Tdap vaccine.
- Instead of trying to figure this out for yourself, look up students in the Immunization Information System and look at the vaccination forecast. The forecast will accurately tell you if a student is missing a vaccine and which vaccine is needed.

Slide 15

- Here is a case example involving DTaP and Tdap vaccine.
- This student, Princess Leia, got DTaP at 8 weeks of age, 4 months, and a Tdap at 7 years of age.
- **Poll question: is this student in compliance?**

Slide 16

- Here's a second case example.
- This student, Hans Solo, got Td at 17 years of age. He didn't get any DTaP when he was younger.
- **Poll question: what additional vaccines, if any, does this student need?**

Slide 17

- The next vaccine requirement on our list is IPV, or inactivated poliovirus vaccine.

Slide 18

- In the fall, these are the IPV requirements affecting kindergarten through 5th grade.
- To be in compliance, if students in K-5th grade got dose 4 on or after August 7, 2009, they must get dose 4 after 4 years of age and 6 months must separate dose 3 and dose 4. The national Advisory Committee on Immunization Practices reinforced the minimum age and minimum interval recommendations for IPV on August 7, 2009. We decided to use the August 7, 2009 cutoff date in the school requirements and applied it to kindergarteners starting 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. The IVRS (or Individual Vaccine Requirements Summary) provides more detailed information on the IPV requirement.
- Also, remember that you can look at students in the IIS and the vaccination forecast will show if they meet the IPV requirement. The IIS forecast reflects the school requirement.

Slide 19

- If a student in K-5th grade gets dose 4 before August 7, 2009, then they have to meet these minimum age and interval requirements.
- For students in K-5th grade, you mainly have to pay attention to dose 4. If dose 4 was given on or after 8/7/09, then they must get dose 4 on or after the 4th birthday and 6 months must separate dose 3 and dose 4.

Slide 20

- Students in 6th-12th grade don't need to worry about the 8/7/09 date. These are the specific minimum age and interval requirements for students in these grades.

Slide 21

- Here's a case example involving IPV.
- This student, Luke Skywalker, had IPV at 8 weeks of age, 4 months, 6 months, and dose 4 at 3 years of age.
- **Poll question: is this student in compliance?**

Slide 22

- Next on the list is MMR vaccine.

Slide 23

- Here are some of the requirements specific to MMR vaccine.
- If a student got dose 1 before 12 months of age, this dose is NOT valid and must be repeated.
- The four-day grace period can be applied if a student got dose 1 within 4 days of his or her first birthday. If the vaccine dose was given 5 days before the first birthday, then this dose is invalid and must be repeated.
- MMR and varicella vaccine, which are live vaccines, should be given on the same day. If they are NOT given on the same day, then they must be separated by 28 days. The second vaccine given is NOT valid and should be repeated.

Slide 24

- Here's a case example with MMR.
- This student, Jedi Yoda, received MMR dose 1 on 8/14/04 and Varicella was given two days later on 8/16/04.

- **Poll questions: is this student in compliance? Which vaccine, if any, needs to be repeated?**

Slide 25

- Lastly, we will discuss varicella vaccine.
- I'm going to spend some time talking about the change to the varicella requirement this upcoming school year.

Slide 26

- This fall, all students in kindergarten through 12th grade are required to get 2 doses of varicella vaccine.
- These are the ways students can meet the varicella vaccine requirement without getting 2 shots.
- If they already had chickenpox disease in the past and the parent hasn't already provided documentation about this, then they need to get a provider to verify that the student had chickenpox. For any student who didn't provide information about a history of chickenpox in the past, then they have to get a provider to say that they had chickenpox in the past.
- For 9th through 12th graders only, if a parent gave you information about chickenpox disease before or during school year 2013-14, then this is valid proof of chickenpox disease and the student does NOT need to get vaccinated.
- For kindergarten through 8th grade, parent verification is NOT valid and a health care provider has to verify that the student has a history of chickenpox disease. If you find any student in kindergarten through 8th grade with parent verification, please follow-up with the parent with any of the options listed on this slide.
- A student can also get a blood test to show proof of immunity to chickenpox.
- A last option for students to meet the varicella requirement is to get an exemption form signed by a health care provider.

Slide 27

- These are the ways that providers can verify that a student had chickenpox disease.
- School staff who have access to the Immunization Information System (or IIS) can look in the system and see that a student had a history of disease. Staff can transfer this information to the CIS for the parent without getting parent consent.
- Even though you see "Patient or Parent Report of Varicella Disease" in the IIS, this counts as provider verification.
- If you get a CIS printed from the immunization system, box 1 on the CIS will be checked showing history of disease. This is valid provider verification.
- A health care provider can sign a hard copy of the CIS or provide a letter verifying that a student had chickenpox.

Slide 28

- Here's a snapshot of the CIS showing the boxes on the right hand side that can be used to verify chickenpox disease or immunity.
- If a CIS is printed from the Immunization Information System and the student has a history of chickenpox disease documented in the immunization system, box 1 will automatically be checked on the printout.
- If a hard copy of the CIS is filled out by the parent and submitted to the school, then health care providers can mark and sign box 2 to verify that the student had chickenpox disease.
- Box 3 on the hard copy of the CIS can be checked by school staff if staff finds documentation of chickenpox history in the immunization system.
- Lastly, the bottom right box needs to be filled out and signed by a provider if a student got a blood test showing immunity to varicella disease.

Slide 29

- We want to make sure everyone understands when students need provider verification of disease and when parent verification is acceptable.
- Provider verification of disease is required for all kindergarten through 8th grade. No parent verification is allowed for ANY students in kindergarten through 8th grade.
- Provider verification is required for ALL new students from out of state.
- In the fall, the only exception to provider verification for 9th through 12th graders is IF a parent submitted a history of chickenpox disease **before or during** school year 2013-14.
- These guidelines apply to a current student or if the student came from another school or another district.

Slide 30

- We developed this flyer and sample letter, both in English and Spanish, for schools to send to parents notifying them of this change. The flyer and letter can be downloaded by clicking on the link in the slide. If you would like to order flyers to send to your families, you can order them for free by sending an email to immunematerials@doh.wa.gov.
- I will now hand over the presentation to Kristin.

Slide 31

- Hi everyone, this is Kristin and I will talk about the Immunization Information System, or the IIS.
- As most of you know, the IIS is our statewide immunization registry that contains millions of immunizations administered to children, teens, and adults.
- The system is getting more and more populated every day as health care providers establish electronic data exchanges with us.
- If anyone attending this webinar does not already have access to the IIS, please contact the Help Desk to find out how you can get access to this great tool.
- I would like to highlight a few tips for you as you're using the IIS. There's also a webinar today at noon conducted by Department of Health staff on the basics of using the IIS.

Slide 32

- In case you don't already know how to print the Certificate of Immunization Status (or CIS) from the IIS, I will go through the steps to print the CIS.
- After you login, search for the student. It's easiest to type in the full first name, full last name, and date of birth. A second way to search for a student is to enter first and last initials, and date of birth.
- Click search.
- After you click on the student, click on reports on the left hand menu. Then, click on state reports.
- On the state reports page, you will find Certificate of Immunization Status. Click on this link and the student's CIS will appear with all the immunizations pre-populated on the certificate.

Slide 33

- You can find a history of chickenpox in the IIS for students in the section on contraindications.
- As you can see under the Contraindications bar in red, this student has a history of varicella disease. Again, as Trang stated, this documentation in the IIS counts as valid provider verification of varicella disease.

- The contraindications section can also include medical reasons why a vaccine may be contraindicated, as well as history of disease or immunity testing.

Slide 34

- Another great tool in the IIS is 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 student. The vaccination forecast is shown here in yellow at the bottom of the page. You can find the vaccination forecast after you search for a student, 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 forecast shows which vaccines are Due Now, Past Due, or Up to Date. The Up to Date status is ONLY for vaccines that the student will need in the future. So, on this student's forecast, we see that he is Past Due for hepatitis B, flu, hep A, and varicella vaccines. And we also see that this student is Up to Date on his Td because it is not due until the year 2020.
- One quick note on the Up to Date status: for kids too old to get a certain vaccine, their record will not show a status of Up to Date for that vaccine. For example, a seven year old child will not have an Up to Date status for Hib vaccine, even if she did not have all her Hib doses as a baby, because she is now too old to get the vaccine.
- **PLEASE NOTE: the forecast is based solely on the data that has been entered into the IIS. A student may have additional vaccines that are not in the system. The forecast is only as accurate as the data that has been entered.** It is also important to note that this forecast does not always match school vaccine requirements. That's because it is based on the national recommendations of the Advisory Committee on Immunization Practices. These recommendations may differ from Washington State's requirements for specific vaccines for school and child care entry. So, for this student's forecast, the fact that he is Past Due for flu and hep A vaccines does not actually matter for school because those vaccines are not required for school entry.

Slide 35

- We are excited about a new web based system that allows parents to access their child's immunization record and print the CIS themselves.
- MyIR, or My Immunization Registry, is a system that pulls immunizations from our state Immunization Information System. So, parents are able to confidentially access their children's immunizations through MyIR.
- This will help parents and schools to be able to get the CIS with all the immunizations pre-printed on it. This saves everyone time and assures that the CIS is accurate!
- More information is available on the link at the top of this slide.
- Parents need to fill out and sign a release form, which you can see is a link on the slide.
- They need to scan or take a picture of the release form and email it to the Department of Health. Parents can also mail in the form. Our contact information is shown on the slide.
- Once the release form is received, staff will register parents and they will receive a PIN and instructions on what to do next.
- We are trying to get the word out to providers, but they are not involved in this process. Parents need to go through the Department of Health for access to MyIR.

Slide 36

- You can find many useful resources on our main school and child care web page.
- The Immunization Toolkit is a great resource for new staff and provides a lot of great information about conducting immunization reviews and the toolkit has links to many useful resources.
- Look on our web page for the most current version of the Vaccines Required for School Attendance and Child Care/Preschool charts.
- After you download the slides from today's presentation, you can click on the links found in the slide to access the documents.

Slide 37

- For clinical questions or help to determine if a student needs more vaccines, please contact your local health department or send an email to DOH nurses at immunenurses@doh.wa.gov
- For general questions about school policy or vaccine requirements, you can send an email to oicpschools@doh.wa.gov

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).