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- Before we begin, we want to make sure you are aware that this Powerpoint presentation is available on our web page. If you registered, you should have received a reminder email with a link to the webinar announcement. You can find a copy of the slides on this webinar announcement. Once you have access to the presentation, you can click on the links provided in the slides to access the resources that we will discuss during this webinar.

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- During today's webinar, I will cover the importance of immunizations and the immunization laws.
- Trang will then cover the Certificate of Immunization Status, the Certificate of Exemption, talk about getting access to the Washington Immunization Information System, and tell you about a new web system called My Immunization Registry (or MyIR).

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- Let's talk first about why immunizations are so important to keep kids safe and healthy.

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- 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 disabled and killed tens of thousands of kids in the 1940s and 1950s. Measles killed hundreds, sometimes thousands of people a year.
- 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. Even though we don't see the devastation of diseases such as polio and measles, 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.
- Outbreaks continue to occur. It was just last year that the Disneyland measles outbreak occurred. Between January to April, there were 162 cases involving 19 states. WA State had 10 cases of measles last year and one death. Our state made national news with the measles death because this was the first measles-related death in ten years.
- In addition to the increase in measles cases in our state and nationally, Washington State experienced a whooping cough epidemic with over 4,900 cases in 2012. You can see the big rise in the graph on the left hand side of this slide. This is five times the number of cases reported in 2011.
- We need your help to make sure our children are well immunized so we can prevent outbreaks and keep our students healthy and in school.

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- Next, I will talk about the immunization laws related specifically to school immunization requirements.

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- 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. Trang will talk about this requirement in a little while.

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- Which vaccines are required for school and child care?
- The national Advisory Committee on Immunization Practices recommends all of the vaccines shown in the box on the left. As you can see, there are many vaccines that are recommended for children.
- The State Board of Health then decides which nationally recommended vaccines will be required for kids attending school and child care in our state, as shown in the box on the right. As you can see, the required vaccines is just a subset of all the recommended vaccines. The Board of Health goes through a lengthy process to develop immunization requirements, including getting stakeholder input.
- As you can see in the box on the right, hepatitis B, DTaP, Tdap, IPV, MMR, and Varicella vaccines are required for school.
- Vaccines required for child care include hepatitis B, DTaP, IPV, MMR, Varicella, PCV, and Hib.
- These are the vaccines required in our state. 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.

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- 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. We will talk a lot more about reviewing the CIS shortly.
- Many public schools and some private schools use a Student Information System to enter immunizations and run an out of compliance report. This system has programming that helps school staff know which student is not compliant.
- Some private schools may not have a nurse available to review the CIS for all students. Administrators must decide which school staff can fulfill this role. Another option is to hire a school nurse to review immunizations or find a parent volunteer to conduct immunization reviews.

- 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.

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- Let's talk a little about each of the possible immunization status for students.
- After you review a CIS and find that a student got all the required vaccines based on the Vaccines Required chart, the student is complete, or in compliance. You can file the CIS for all of these students and no further follow-up is needed.
- According to our immunization rules, students can be in a temporary conditional status for 30 days after the first day of attendance. These students can attend school while they are getting fully immunized, complete a series of vaccine doses, get an exemption, or get their paperwork in order. If a student is getting a series of vaccinations, such as hepatitis B vaccine, he or she stays in conditional status 30 days after the next dose is due before they are out of compliance. School staff should follow-up with these students until they are in compliance.
- Students can be exempt with a COE on file. No further follow-up needs to be done, unless they have a temporary medical exemption. A temporary medical exemption is used when a student has a medical condition that prevents them from getting immunized, such as having cancer and undergoing therapy. Track these students when their temporary status expires to make sure they are vaccinated.
- Students still missing required immunizations after the 30 day conditional time frame are out of compliance and they must be excluded from school according to the law.

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- We just want to clarify which students are considered in compliance.
- In addition to being fully immunized, students are in compliance if they have a lab test showing they are immune, have a history of chickenpox, or have an exemption on file.

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- This is a very basic flow chart showing the general procedures for immunization review and follow-up.
- In the spring, schools will start collecting the CIS or the COE for each student registering for the fall.

- School staff will start reviewing the CIS to make sure all the required immunizations have been received.
- Schools with access to the Immunization Information System will look in the system for additional immunizations that the parent hasn't reported.
- Follow-up with parents occurs in the spring through emails, face-to-face conversations, phone calls, or letters.
- In the fall, after the first day of attendance, schools will determine if students are still missing immunizations.
- Schools send a letter or email notifying parents that the student is in conditional status and has 30 days to get into compliance with the requirements.
- After 30 days is up and the student is still not in compliance because he or she hasn't received the required immunizations or started a series of shots, the student must be excluded according to the law.
- This is the strict procedure according to the laws. Schools vary in the specific procedures. We encourage private schools and school districts to develop specific policies and procedures for immunization review.

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- Hi everyone, this is Trang. I will discuss the Certificate of Immunization Status (or CIS) and go through each of the vaccines required for school.
- I'm going to mainly focus on school requirements today.

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- Parents or guardians are required to submit a CIS to the school for each student, to show proof that the student got all the required immunizations for school entry.
- One CIS is required for the lifetime of the student. In general, parents are not required to submit a new CIS each year unless more immunizations are received.
- If a parent gives you an immunization record printed from a healthcare provider's electronic health system and staples it to a signed but blank CIS, this is not acceptable. The law requires that the CIS be filled out and signed to be valid.
- If a student is missing immunizations on the CIS, please follow-up with parents. If you find out about additional missing immunizations verbally or in an email, you can use the existing signed CIS and update the CIS for the parent without getting consent from them. You can put a date and initial that change on the CIS.
- As Kristin mentioned, we have a statewide Immunization Information System that providers use to enter immunizations. A pre-filled CIS for each student can be printed from the immunization system. We have been encouraging healthcare providers and schools with access to the immunization system to print a CIS for parents to sign. If you have already have access to the IIS, we encourage you to print a CIS for parents. This helps save parents as well as the school time. I will talk more about getting access to the IIS in a few minutes.
- We also have a new web based site called MyIR that parents can access to print the CIS. I'll talk more about MyIR soon.
- Before I move on, I want to talk about the new parent consent box on the upper right hand corner. The CIS was changed in 2015 and this box was one of the new features. This parent consent allows schools, in the future, to use the Immunization Information System (or IIS) School Module to enter missing immunizations. We are working on making this School Module available to schools statewide in the future. In the

meantime, if you can start getting consents from parents, you will be more prepared for using the School Module in the future.

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- We have a tool available for you to quickly review if a student received the required immunizations and the number of doses that are required.
- We call this the CIS overlay for kindergarten.
- Use a color printer and print this overlay on a plastic overhead sheet. You may remember these old plastic overhead sheets that we used to use for presentations. These plastic sheets are very handy to use for these overlays.
- Put this overlay on top of a student's CIS and look at the yellow highlighted vaccines to make sure students got these vaccines and the right number of doses.
- We have an overlay for middle school, high school, and we recently updated the preschool overlay to correspond to the age requirements. When you save a copy of this presentation from our web page, you can click on the link at the top to access all the overlays.

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- I will now go through basic school vaccine requirements.
- Here is a very basic vaccines required chart that we make available for parents each school year. For this webinar, I will show the basic school immunization requirements. It is very helpful to refer to this chart when you review the Certificate of Immunization Status for each student.
- This chart shows all the vaccines required for children attending school by grade and age.
- As Kristin discussed earlier, to be in compliance with school immunization requirements, students are required to be vaccinated at the appropriate age and spacing between vaccine doses. When kids are vaccinated appropriately based on national standards, they have optimal protection against disease.
- For the purposes of this webinar, we will mainly focus on the vaccines required for school entry and the number of doses required. Some schools don't have a school nurse available to review each student's immunizations for the correct age and spacing. The minimum requirement for these schools is to make sure you get a CIS, review the CIS to make sure the student got the required vaccines, and make sure they got the required number of doses.
- Schools with nurses available often use a student information system or review students' immunizations in detail to make sure they were vaccinated appropriately. We will cover more detailed vaccine requirements in another webinar on March 24.

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- Hepatitis B vaccine is the first required vaccine I will discuss.
- As you can see in the first yellow highlighted column, 3 doses of hepatitis B vaccine are required for all students in kindergarten through 12th grade.

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- Next, I will talk about DTaP vaccine that protects against diphtheria, tetanus, and pertussis (or whooping cough).
- Kids under 7 years of age get DTaP vaccine.
- Students in kindergarten through 12th grade are required to get 5 doses of DTaP vaccine.

- A common scenario that you may see is a student who got 4 doses, but the 4th dose was given on or after the 4th birthday. If you see that dose 4 was given on or after the 4th birthday, then the student does NOT need a 5th dose. This is a valid exception.
- The next vaccine requirement we will discuss is Tdap, or tetanus, diphtheria, and pertussis vaccine. Tdap is given to kids over 7 years of age if they didn't get 4 or 5 doses of DTaP vaccine. Tdap is usually given around 11 years of age.
- 1 dose of Tdap is required for all students in 6th-12th grade IF the student is over 11 years of age.
- Students in 6th grade but are 10 years old are not required to get Tdap for school until 7th grade. However, if a student got Tdap at age 10, this is valid and they don't need another dose at age 11.

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- Let's move on to inactivated poliovirus vaccine, or IPV requirements next.
- All students in kindergarten through 12th grade are required to have 4 doses of IPV.
- Sometimes, you may see that a student from another country got oral polio vaccine, or OPV. This vaccine is also valid and should be treated the same as IPV.
- Here's another exception that you may come across. If you see that a student got only 3 doses of IPV, but the 3rd dose was given on or after the 4th birthday, then a 4th dose is NOT required.

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- Next we will talk about MMR, or measles, mumps, and rubella, 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 can check for with MMR vaccine is to make sure a student got dose 1 on or after 12 months of age. If a student got dose 1 before 12 months of age, this dose isn't valid and must be repeated.
- The parent must take the student to the health care provider to get another dose of MMR vaccine.

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- We will talk in a little more detail about the varicella, or chickenpox, vaccine requirement.
- This fall, all students in kindergarten through 12th grade are required to have 2 doses of varicella vaccine.
- Varicella vaccine has been a requirement for kindergarten through 8th grade, but this is the first time high school students will be required to get 2 doses of vaccine. We want to make sure the word gets out to everyone and parents start getting their students vaccinated as soon as possible. If you haven't already, please start notifying parents of the change in the varicella vaccine requirement for high school students and start gearing up.
- One point that I want to make about the varicella requirement: as with 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.

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- Again, this fall, all students in kindergarten through 12th grade are required to get 2 doses of varicella vaccine.

- There are other 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.

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- These are the ways that providers can verify that a student had chickenpox disease.
- School staff who have access to the Immunization Information System 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.
- 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.

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- 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.

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- 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.

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- Here's a flyer that we developed that schools can use to send to parents notifying them of this change. If you would like flyers for your families, you can order them for free by clicking on the link in the slide.

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- Here are some frequently asked questions about the CIS.

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- Next, I will talk about the Certificate of Exemption.

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- The Certificate of Exemption, or COE, was revised in Jan 2015.
- 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. Providers should fill out this information.
- I would like to make sure everyone knows about medical exemptions. We are worried that the form may be filled out incorrectly for medical exemptions. A student should have a medical exemption only if there's a true medical contraindication to a vaccine, such as if a child has cancer. The COE should not be checked for a medical exemption PLUS a personal exemption for vaccines. If the student has a medical reason not to be vaccinated, then the medical exemption should be checked.

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- 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.

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- Here are a few of the frequently asked questions about the COE.

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- I will briefly discuss getting access to the WA Immunization Information System (or IIS) next.

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- Public and private schools may be able to access the Immunization Information System if they serve any grades between kindergarten through twelfth grade. The main requirement to get access is the school must have a school nurse or healthcare professional on staff or under contract whose responsibility is to track and report immunizations.
- The school nurse may be a volunteer if there is a written agreement between the school and the nurse.
- The school or school district needs to fill out an information sharing agreement. The nurse can assign a non-licensed staff to view immunizations in the system. These staff members must sign a Confidentiality Agreement.
- If you work at a public school, check with the school nurse or district nurse to see if your district already has an Information Sharing Agreement in place. Most public school districts already have an agreement in place with the Department of Health.
- Private schools can obtain the information sharing agreement and get other necessary information by emailing Sonja Morris.

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- 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.

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- 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.
- The Immunization Toolkit, which is the 4th bullet on this slide, is a great resource for new staff. There are great detailed workflows and resources that will help you better understand how to do immunization work.
- If you haven't already, please download the slides from today's presentation. Then you can click on the links found in the slide to access all the resources that we've discussed today.

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- For 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 oi cpschools@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).