

**TRANSCRIPT: Preschool and Child Care Immunization Requirements Training**  
**Department of Health Office of Immunization and Child Profile**  
**May 2013**

**Slide 1**

- Welcome to the Preschool and Child Care Immunization Requirements training.
- Welcome to the Preschool and Child Care Immunization Requirements training.
- Thank you for taking the time to watch this pre-recorded training. We appreciate how hard you work to protect our children from diseases that vaccines can prevent.
- This training was designed specifically for child care health consultants, ECEAP, Head Start, and Early Head Start consultants, and other staff who review children's immunizations to see if the records are in compliance with immunization requirements.

**Slide 2**

- Here are the topics we will cover in this training.
- First, we will introduce you to each preschool and child care vaccine requirement.
- Next, we will briefly define what it means when a child is complete, conditional, or out of compliance with the requirements.
- For each vaccine requirement, we will show you how you can use the WA State Immunization Information System to see if a child is completely immunized or needs more doses of vaccine.

**Slide 3**

- Before we talk in detail about immunization requirements, let's talk about why we still need immunizations.
- 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 paralyzed about 15,000 children. Measles infected 4 million children, killing 3000.
- However, these diseases still exist and continue to threaten those not fully protected. In 2012, WA State experienced a whooping cough epidemic with over 4,900 cases. This is 5 times the number of cases reported in 2011.

- Hospitalizations and deaths occur from flu-related infections and complications.
- In child care and preschool settings, children are at risk because diseases can spread easily in group settings. Children not fully vaccinated are susceptible to these diseases.
- We all need to stay vigilant so the diseases of the past do not resurface. Children and adults need to continue to get vaccinated. Child care immunization requirements help to assure that children are adequately protected and do not spread diseases to others.

#### **Slide 4**

- During this training, we will talk about immunization requirements based on rules set by the State Board of Health. In our state, the Board creates the child care immunization requirements. The Department of Early Learning, or DEL, also creates a set of immunization rules to meet licensing requirements. DEL rules refer to the State Board of Health immunization requirements. We encourage you to become familiar, if you are not already, with DEL rules. You can find all the laws and rules by clicking on the main immunization regulation link found on this slide, then click on WA Administrative Code.
- Also during this training, we will use the term licensed child cares to include preschools.
- To protect the health of the public and children attending child care, Board of Health rules require all children attending licensed child care facilities to comply with immunization requirements. You can find this law after you click on the link found on this slide, and then click on Revised Code of Washington.
- According to the Board of Health rule, WA Administrative Code 246-105-040, children attending licensed child care must be vaccinated against certain diseases. Children must get vaccines at appropriate ages and intervals according to the national immunization schedule set forth by the Advisory Committee on Immunization Practices, or ACIP.
- Also, according to the law, parents must turn in a complete Certificate of Immunization Status before their child can attend child care. If parents choose to opt out of immunizations, they are required to turn in a Certificate of Exemption for their child signed by a licensed healthcare provider.

#### **Slide 5**

- We get many questions about which child cares or preschools are required to comply with the immunization requirements, including which facilities must report the yearly immunization status of their children to the Department of Health, or DOH.

- This table shows that all licensed child care centers, including preschools, must comply with the immunization requirements and report the immunization status of enrolled children to DOH.
- Licensed family home child care centers that are licensed for 12 children or less do NOT need to comply with Board of Health rules, but must comply with DEL rules. Licensed family home child cares are NOT required to report to DOH.
- Children in child care settings before or after school must comply with the immunization requirements for their grade in school, but should NOT be included in the immunization report.
- Head Start and ECEAP centers, based on performance standards, must comply with the immunization requirements and are required to report.
- Any preschools in a school setting are required to comply with the immunization requirements as well as report.
- So, if a child care is not required to be licensed by DEL, then they are NOT required to comply with the immunization requirements. One example is a co-op preschool that may meet less than four hours a day.

### **Slide 6**

- In Washington State, parents must turn in a signed Certificate of Immunization Status, or CIS, before a child can attend child care or preschool. The CIS must be filled out with all the required vaccines.
- Parents can get help with this form by asking if their healthcare provider uses the Washington State Immunization Information System (formerly the Child Profile Immunization Registry). If the provider uses the system, the provider can log in, find the child, go to state reports, and print the CIS with all the vaccines already filled in. The CIS printed from the system is approved by DOH as a valid form. This CIS also needs to be signed by the parent or guardian.
- The CIS printed from the system will also show if a child had chickenpox.
- If a provider prints out the immunization record from their clinic's Electronic Medical Record rather than printing out the CIS from the Immunization Information System, the parent could ask the clinic staff for help filling out the CIS.
- It is NOT acceptable to get a blank CIS signed by the parent with an immunization record from the clinic stapled to it. The CIS must be filled out and signed for it to be valid.

- If the CIS is not complete with all the required vaccines, the law requires child care staff to follow-up with the parent for the missing immunizations. Continue to follow-up with the parent until the child completes all the required vaccinations.
- It is important to keep the signed CIS at the site where the child attends child care or preschool.

### **Slide 7**

- If parents do not want their child to be vaccinated, they can get an exemption from the required vaccines. The child can still attend child care if he or she has a Certificate of Exemption on file.
- In July 2011, the law was changed in our state. It requires the exemption form to be signed by a healthcare provider, showing that the provider gave the parent benefit and risk information about vaccinations.
- Here is the revised Certificate of Exemption that must be used after July 22nd, 2011.
- If parents filed an exemption before this date, it's still valid for the exemptions claimed on the form and they don't have to redo them on the revised form.
- FOR ANY TYPE OF EXEMPTION, the child's information must be filled out at the top and the parent or guardian has to sign the form.
- Healthcare providers must sign this form if a parent requests an exemption for medical, personal/philosophical, or religious reasons. The ONLY time a healthcare provider does NOT need to sign the exemption form is if the parent requests a religious membership exemption. Then, only the parent has to sign the form.

### **Slide 8**

- We have a lot of information about the new exemption law on our website. You can get to it by clicking on the link in the slide.
- You can see the different ways to fill out the exemption form.
- A training video is available for you to watch as well as frequently asked questions and answers. You can get to the training video by clicking on the link in the slide.
- Please check out this website if you haven't already!

### **Slide 9**

- This is the list of vaccines required for preschool or child care attendance in WA State: Diphtheria, Tetanus, and acellular Pertussis (or DTaP), hepatitis B, Haemophilus influenzae type B (or Hib), inactivated polio vaccine (or IPV), measles, mumps, rubella (or MMR), pneumococcal conjugate vaccine (or PCV), and Varicella (or chickenpox) vaccines.
- Based on a variety of factors and stakeholder input, the State Board of Health decides which vaccines are required for child care or preschool attendance in our state.

### **Slide 10**

- There are other vaccines that are recommended, including flu, hepatitis A, and rotavirus vaccines. These are NOT required for preschool and child care attendance in our state.

### **Slide 11**

- Next we will define the four types of immunization status that a child can have while attending preschool or child care.
- A child should have only one immunization status.
- A child can be fully immunized or complete with all of his or her immunizations. He or she is fully immunized according to the national immunization schedule, with each vaccine given at the recommended minimum age and spacing between doses.
- A child in conditional status is not completely immunized. According to the State Board of Health rules, they may not have all the required vaccines, are missing one or more doses in a vaccine series, or do not have proof of vaccination on their CIS. A child in this temporary status can attend child care and have time to get fully immunized.
- A child is out of compliance with the immunization requirements if he or she has not gotten fully immunized and is no longer in conditional status, does not have a Certificate of Exemption on file, or has no signed and dated CIS on file. This child should be excluded from attending child care.
- A child can be exempt from one or more vaccines. If he or she is exempt from all vaccines, no more follow-up needs to be done.

### **Slide 12**

- The Department of Health provides the Vaccines Required for Child Care and Preschool attendance chart each year so you know which vaccines are required. Download it by

clicking on the link at the top of this slide. This chart shows all the vaccines required for child care or preschool attendance between July 2013 and June 2014.

- All the required vaccines are shown in the first column on the left. The number of doses that are required by a certain age are shown to the right of the vaccines.
- The number of doses that are required by a certain age are based on the national immunization schedule. We allowed some extra time when these doses are due, so it does not completely match the schedule. For example, hepatitis B vaccine is recommended at birth, but we allowed for the first dose to be required by 3 months of age rather than at birth.
- We show all of the vaccines required for child care or preschool attendance as being due by 19 months of age. For vaccines required for school entry, please refer to the vaccines required for school attendance chart which will be shown shortly.

### **Slide 13**

- The second page of the chart details the minimum ages and intervals for vaccine doses and some immunization rules that may be helpful as you review the Certificate of Immunization Status.
- Minimum ages and intervals are really important for you to understand
  - \* Minimum age means the youngest age a child can get the vaccine dose.
  - \* Minimum interval refers to the least amount of time that must separate one dose from another.
  - \* These requirements are based on research that tells us when it is safest and most effective to give the vaccine to children.
- If these requirements are met, we consider the vaccine doses “valid.” If these requirements are NOT met, the child may need to repeat the dose.
- For example, the minimum age to get MMR dose 1 is 12 months of age. Even though a child must get this dose by 19 months of age to attend child care or preschool, he or she must be a minimum of 12 months of age for this dose to be valid. For example, if a child got MMR dose 1 at 9 months of age, the dose was given too early and must be repeated.

### **Slide 14**

- For even more detail about each of the vaccine requirements for child care or preschool, you can use this Individual Vaccine Requirements Summary. It provides some useful tools to find out if a child is in compliance with the requirements.
- You can click on the link at the bottom of the slide to get this summary.

### **Slide 15**

- As a child nears kindergarten age, refer to this chart to see which vaccines are required to attend school.
- You can click on the link at the top of the slide to get this chart.

### **Slide 16**

- Before we go through each of the required vaccines in detail, let's talk about the 4 day grace period.
- The 4 day grace period can be used as you're looking at immunization records to determine if a child is fully immunized.
- Vaccine doses may be given too close together or at too early of an age. CDC allows a 4 day grace period to be used when you're looking at the CIS and trying to see if a child is in compliance with the requirements.
- This is how a 4 day grace period works. If a vaccine is given 4 days or less before the recommended minimum interval or age, this dose is valid and does NOT need to be repeated. For example, if hepatitis B vaccine dose 3 was given 3 days before the child turned 24 weeks of age, this dose is valid and does NOT need to be repeated.
- If a vaccine is given more than 4 days before the minimum interval or age, the dose is NOT valid. For example, if MMR dose 1 was given 5 days before the first birthday, this dose is not valid and must be repeated.
- The 4 day grace period is used with all vaccines.

### **Slide 17**

- Let's take a look at how the WA State Immunization Information System can help you with the 4 day grace period.
- Here is a screen shot from the Immunization Information System for a one year old child named Katey.

- In this example and the ones to follow, we use the red circles to point out the information we're discussing. You won't see the red circles when you use the system yourself, but you will see some writing or messages in red.
- When you look in the system, you will find the same sections as shown here, marked with blue row headings:
  - \* At the top is the Patient information with the name, ID, date of birth, and age of the child.
  - \* Next is the Vaccination Summary, showing the number of doses and dates given.
  - \* At the bottom is the Vaccination Forecast which is a very useful tool. It shows you if a vaccine dose is needed, the recommended date for that dose, and if a child is overdue for the next dose. It also automatically switches to the accelerated schedule when a child needs to catch up on immunizations.
  - \* Like all the data in the system, the forecast is based on the immunizations entered into the system; if there are missing doses or data incorrectly entered, then the forecast will not be accurate.
- Let's get back to our example. Katey got 3 doses of polio vaccine or IPV, but the 3<sup>rd</sup> dose was given too early. Katey got dose 3 at 5 months of age instead of 6 months. But, she got this dose only 3 days before her 6 month birthday on August 15, 2011.
- Notice the callout bubble in the vaccination summary that shows dose 3 is valid since the 4 day grace period applies in this example. If dose 3 was not valid, you would see a red x next to dose 3 showing that it was an invalid dose and needs to be repeated.
- The Vaccination Forecast section, circled in red, shows that dose 4 will be due in 2015 and she is up to date with her polio shots.

### **Slide 18**

- Now, let's go through each of the vaccine requirements and talk about them in detail. We will go in alphabetical order.
- The diphtheria, tetanus, and acellular pertussis (or DTaP) vaccine is first on our list.
- This table is from the Vaccines Required chart that we showed you earlier.
- To read this chart, go across the top to find the age for the child and move down the chart to see how many doses are required.

- A child is required to have 1 dose of DTaP vaccine by 3 months of age, 2 doses by 5 months of age, 3 doses by 16 months of age, and 4 doses by 19 months of age.
- If a 12 month old child enrolls in your facility, then this child is required to have at least three doses of DTaP vaccine. If there are fewer than three doses, the child has 30 days to be in conditional status to get caught up. The child should work toward getting four doses by 19 months of age. The child is out of compliance at 19 months of age if he or she has less than four doses.
- A child who did not follow the recommended immunization schedule can still catch up and get vaccinated at an older age. He or she needs to adhere to the recommended minimum age and spacing guidelines.
- The fourth dose can be given as early as 12 months of age, but six months must separate dose 3 and 4.

### **Slide 19**

- This is a table showing the minimum ages and intervals for each of the DTaP doses. This is from the second page of the Vaccines Required chart. You can refer to this chart as you're reviewing the CIS.
- We are showing only 4 doses of DTaP vaccine on this table since the 5<sup>th</sup> dose is required for kindergarten entry.

### **Slide 20**

- We will now give you more details about DTaP vaccine to remember as you review the CIS.
- The routine recommended immunization schedule for DTaP vaccine is 2, 4, 6, 15-18 months, and a 5<sup>th</sup> booster dose at 4-6 years of age. If a child follows the routine schedule, he or she will be in compliance with the immunization requirements.
- If the child does NOT follow the routine schedule, or a healthcare provider mistakenly gives a dose at too early of an age or too soon between doses, there are times when these doses may be valid and do NOT need to be repeated.
- When you are reviewing a CIS and see that DTaP dose 4 was given 4 months or more after dose 3 rather than the usual 6 months, then dose 4 is valid and does NOT need to be repeated. However, please be aware that 6 months are recommended between dose 3 and 4.

- Remember, DTaP is given to children less than 7 years of age and Tdap or Td is given to children 7 years of age or older.

### **Slide 21**

- We will use the Immunization Information System again to show an example of how you can see if a child is in compliance with the DTaP requirement.
- We will look at 4 year old Isabella who is in preschool.
- She got 4 doses of DTaP. The 4<sup>th</sup> dose was given on December 19, 2008 at 8 months of age. Remember, the 4<sup>th</sup> dose should be given at a minimum of 12 months of age. That's why there is a red X next to dose 4. The callout bubble in the Vaccination Summary section points to this invalid dose.
- The red circle on the Invalid Vaccinations section gives the reason for the invalid 4<sup>th</sup> dose. The minimum age for this dose was not met.
- As you can see in the Vaccination Forecast and the callout bubble, dose 4 should be repeated and is past due.

### **Slide 22**

- Let's move on to the hepatitis B (or hep B) requirement for child care and preschool.
- As you're reviewing the CIS, look to make sure the child got 1 dose of hep B vaccine by 3 months of age, 2 doses by 16 months of age, and 3 doses by 19 months of age.
- Children are recommended to get dose 1 at birth, so if you see this, then this dose is valid. Also, dose 2 can be given as early as 1 month of age.
- To be in compliance with the requirements, a 9 month-old is required to have 2 doses of hep B. If the child has fewer than 1 dose at 9 months, then he or she can be in conditional status to get caught up. By 19 months of age, he or she must have 3 doses total.

### **Slide 23**

- This is a table showing the minimum ages and minimum intervals for each of the hep B vaccine doses. This is from the second page of the Vaccines Required chart. You can refer to this chart as you're reviewing the CIS.
- Please note that the third dose should be given at a minimum age of 24 weeks. We get this question pretty often. If it is given 4 days or less before 24 weeks of age, then it is

valid. If dose 3 is given 5 days or more before the child turned 24 weeks of age, then the dose must be repeated.

#### **Slide 24**

- ACIP recommends hep B vaccine at birth, at 1 month of age, and at 6 months of age.
- As we already said, dose 3 should NOT be given earlier than 24 weeks of age. If you see that a child got dose 3 at 3 months of age, for example, this dose is NOT valid and needs to be repeated.

#### **Slide 25**

- We have come to the Haemophilus *influenzae* type B (or Hib) vaccine requirement.
- As you're reviewing the CIS, look to make sure the child got one dose of Hib vaccine by 3 months of age, the second dose by 5 months of age, the third dose by 7 months of age, and the fourth dose by 19 months of age.
- The number of doses a child needs to complete the series depends on the age that they get the vaccine. We will discuss this in detail in the following slides.

#### **Slide 26**

- Again, this minimum age and intervals table is found on the second page of the Vaccines Required chart. You can refer to this chart as you're reviewing the CIS.

#### **Slide 27**

- ACIP recommends Hib vaccine at 2 months, 4 months, 6 months, and 12-15 months of age.
- This vaccine is not recommended for children older than 5 years because most older children are already immune. If a 5 and a half year old child is in your preschool and has not gotten any Hib vaccine doses, this child does not need any Hib vaccine and is in compliance.
- There are two Hib vaccines available, ActHib and PedvaxHib. If you know for sure that a child got PedvaxHib (for example, you found this information in the Immunization Information System), then this child needs a total of 3 doses of this vaccine, not 4 doses. This is the way this vaccine is licensed. If a child got ActHib, then he or she will need a total of 4 doses.

#### **Slide 28**

- As you are looking at Hib vaccine doses on the CIS, please note that unvaccinated children over 7 months of age may not require a full series of 4 doses. Since we get this question a lot, we will go through Hib vaccine catch-up in a lot of detail.
- Also, please look at the final dose of Hib vaccine. Make sure it was given at least 12 months of age and a minimum of 8 weeks after the previous dose.

### **Slide 29**

- A child who follows the routine recommended immunization schedule will get a full series of doses. Following the recommended schedule provides the child full protection against the disease.
- However, if a child does not follow the schedule, he or she may not require a full series of Hib vaccines.
- Here are some rules to follow as you are reviewing the CIS. We will give you only a few scenarios. There is a chart that you can use to look at all the possible scenarios as you review the CIS. We will show you the chart next.
- One possible scenario is if a child is between 15-59 months of age and has never been vaccinated. In this case, he or she needs just one dose of Hib vaccine. With one dose, this child is complete and does NOT need more doses.
- If a child enrolls in your center with one dose of Hib vaccine given after 12 months of age and a second dose of Hib vaccine given after 15 months of age, this child is complete with a total of 2 doses.
- A child given 2 doses before 12 months of age and a third dose after 12 months of age is complete with 3 doses total. This child does NOT need more doses.

### **Slide 30**

- This is a very useful chart that you can use when you are reviewing Hib vaccine and trying to see if a child is complete.
- This Hib chart can be found in the Individual Vaccine Requirements Summary, which you can get by clicking on the link at the top of the slide.
- The way to use this chart is to look at the doses that your child has. Determine how many doses a child got before 12 months of age and after 12 months of age.
- Follow along by looking at the third row of the chart.

- If a child got 1 dose of Hib vaccine before 12 months of age and 1 dose after 12 months of age, this child needs to get 1 booster dose if the last dose was given before 15 months of age.
- Now, let's look at the second to last row from the bottom. If a child got 1 dose before 12 months of age and no doses after 12 months of age, then this child will need one booster dose.

### **Slide 31**

- You can also use the Immunization Information System to see if a child needs more doses of Hib vaccine.
- Here's an example of Isabella who is 4 years old.
- Isabella got dose 1 before 12 months of age on June 18, 2008. She then got dose 2 at 13 months of age.
- The vaccination forecast shows that Isabella needs another dose and she is past due.
- If you look on the Hib chart that we just went through, you can see that the Immunization Information System matches the recommendations of the chart.

### **Slide 32**

- Next is the polio vaccine requirement, called IPV for inactivated polio vaccine.
- As you're reviewing the CIS, look to make sure the child got one dose of IPV by 3 months of age, the second dose by 16 months of age, and the third dose by 19 months of age.

### **Slide 33**

- Here again is the chart showing the minimum age and minimum intervals for each of the IPV vaccine doses. This information is from the second page of the Vaccines Required chart.
- We included only three doses of IPV for this training because the 4<sup>th</sup> dose is not required until kindergarten entry.

### **Slide 34**

- ACIP recommends polio vaccine at 2 months, 4 months, 6-18 months, and a booster at 4-6 years of age.

- You may see a child from another country who may have gotten oral polio vaccine, or OPV. Either OPV or IPV are valid and any combination of these doses is valid.

### **Slide 35**

- Next on the list is the measles, mumps, and rubella, or MMR vaccine.
- As you're reviewing the CIS, look to make sure the child got one dose of MMR by 19 months of age. MMR is NOT recommended before 12 months of age.

### **Slide 36**

- The minimum age for MMR vaccine is 12 months of age.
- We show only 1 dose of MMR vaccine here because the second dose is not required until kindergarten entry.

### **Slide 37**

- ACIP recommends MMR vaccine at 12-15 months of age and at 4-6 years of age.
- When you're looking at a CIS and see that dose 1 was given at less than 12 months of age (for example, 5 days or more before the first birthday), then this dose is NOT valid and needs to be repeated.
- A combination MMR and varicella vaccine, or MMRV, is available. If you see that MMRV was given, this can be counted as valid.
- An important rule to remember is that two live virus vaccines, including MMR and varicella, should be given on the same day. If they are not, then at least 28 days must separate the two vaccines. The second vaccine that was given is NOT valid and should be repeated.

### **Slide 38**

- You can use the Immunization Information System forecasting tool to help you determine if a child is out of compliance.
- We are looking at 1 year old Katey in this MMR vaccine example. She got MMR dose 1 on February 10, 2012. The callout bubble points out that she got this first dose at 11 months of age, 5 days before her 1<sup>st</sup> birthday.
- The red X shows that the dose is invalid.

- The Invalid Vaccinations section, circled in red, has a note telling you the reason for the red X: the minimum age for this first dose was not met.
- The vaccination forecast, circled in red at the bottom, shows that dose 1 should be repeated and Katey is past due for a repeat dose.

### **Slide 39**

- Now we come to the pneumococcal conjugate vaccine, or PCV, requirement.
- As you're reviewing the CIS, look to make sure the child got the first dose of PCV by 3 months of age, the second dose by 5 months of age, the third dose by 7 months of age, and the fourth dose by 19 months of age.
- As with Hib, the number of doses of PCV vaccine a child needs to complete the series depends on the age that they get the vaccine. We will discuss this in detail in the following slides.

### **Slide 40**

- You can see here the minimum ages and minimum intervals required for each of the PCV doses. Again, you don't have to memorize this information. Just look on the second page of the Vaccines Required chart.

### **Slide 41**

- ACIP recommends PCV at 2 months, 4 months, 6 months, and 12-15 months of age.
- As with Hib vaccine, PCV is NOT recommended for children 5 years of age and older. If a 6 year old child has never gotten PCV, this child should not get any PCV vaccine. If a 5 year old only got one dose of PCV before 12 months of age and no further doses, then he or she does NOT need more doses.
- You may see some children with 5 doses of PCV instead of 4. The reason is that PCV13 replaced PCV7 in 2010. At that time, ACIP recommended an additional dose of PCV13 for all children who already got 4 doses of PCV7. Even though ACIP recommends this, the State Board of Health did not make this a requirement. In a short while, most children will have transitioned to getting only PCV13.

### **Slide 42**

- As with Hib vaccine, if a child does not follow the usual immunization schedule, they may not need the full series.

- Here are some rules to follow as you are reviewing the CIS. We will give you only a few scenarios. There is a chart that you can use to look at all the possible scenarios as you review the CIS. We will show you the chart next.
- Here are some scenarios you may encounter.
- If you see a child who got 1 dose on or after 24 months of age, this child is complete and does not need more doses, unless they have a high risk medical condition.
- If a child got 2 doses between 12-24 months of age and they were given more than 8 weeks apart, then this child is complete and does NOT need more doses.
- If a child got 2 doses before 12 months of age and a third dose after 12 months of age, then this child is complete and does NOT need more doses.

### **Slide 43**

- Let's go through the PCV doses required chart, similar to the Hib chart that we showed earlier.
- You can find this chart in the Individual Vaccine Requirements Summary. We gave a link to the summary when we showed the Hib chart.
- Have this chart in front of you when you're reviewing PCV doses on a child's CIS. This chart will help you to determine how many more doses a child needs to be in compliance with the requirements.
- Here is how you can use this chart. Follow along by looking at the second row of the chart. If you see a child who got 2 doses of PCV before 12 months of age and 1 dose on or after 12 months of age (and there are 8 weeks separating dose 2 and 3), then this child is complete and does not need more doses.
- Now look at the 2<sup>nd</sup> row up from the bottom. If a child got 1 dose before 12 months of age and has not gotten any doses after 12 months of age, this child needs 2 more doses if the child is between 12-24 months of age. If the child is between 24-59 months of age, then he or she needs 1 more dose to be complete.

### **Slide 44**

- Let's take a look at the Immunization Information System again.
- 1 year old Katey got 3 doses of PCV13. Two doses were given before 12 months of age and the third dose was given on her first birthday.

- The vaccination forecast, circled in red at the bottom, is blank. As shown in the callout bubble, the forecast helps you to see that Katey is complete with these 3 doses.
- If you look at the PCV chart, you can see that the Immunization Information System matches the recommendations of this chart.

#### **Slide 45**

- Next in the list of required vaccines is varicella, or chickenpox vaccine.
- As you're reviewing the CIS, look to make sure the child got one dose of varicella vaccine by 19 months of age. Children should not get varicella vaccine until after 12 months of age or the dose needs to be repeated.

#### **Slide 46**

- You can see here the minimum age for the first dose of varicella vaccine is 12 months.
- The second dose is required by kindergarten, and the recommended minimum interval between the first and second dose is 3 months. However, if dose 2 is given at least 28 days after dose 1, this dose is valid and does not need to be repeated.

#### **Slide 47**

- ACIP recommends varicella vaccine at 12-15 months and at 4-6 years of age.
- Just to remind you again: live vaccines such as varicella and MMR are recommended to be given on the same day. If they are not, the vaccines must be separated by 28 days or more. If you see a child that did not have this minimum interval, the child is out of compliance and needs the second vaccine repeated.

#### **Slide 48**

- Here is a varicella example using the Immunization Information System.
- 4 year old Isabella got MMR vaccine on February 17, 2012 and then got varicella vaccine 10 days later. The callout bubble points out the red x on the invalid varicella vaccine dose. The invalid vaccinations section notes that live vaccines not given on the same date must be separated by 28 days.
- The varicella vaccine, given after MMR, should be repeated. As shown in the Vaccination Forecast section, varicella vaccine is recommended and is past due.

#### **Slide 49**

- Here are some useful resources.
- You can find many helpful resources on our main school and child care web page. Click on the link at the top of the slide to get to this page and save it in your favorites.
- The Individual Vaccine Requirements Summary is a companion tool that provides detailed information as you review the CIS.
- We showed the Vaccines Required for Preschool/Child Care Attendance chart earlier. Look on our webpage for the most current version.
- The Immunization Manual for Schools, Preschools, and Child Care gives helpful information as you review the CIS, report the required yearly immunization reports, or as you develop policies for your facility.
- You can click on the links in the slide to access the documents.

**Slide 50**

- Your review of immunizations is so important so children can learn at their full potential and families and child care staff are able to go to work. Thank you once again for all you do!