

Immunization Manual

For Schools, Preschools, and Child Care Facilities

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Mary Selecky, Secretary of Health

This manual is available online at www.doh.wa.gov/cfh/Immunize/schools/school-manual.htm

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Manual Overview

The *Immunization Manual for Schools, Preschools, and Child Care¹ Facilities* was developed for staff members who serve on the immunization frontline at schools, preschools, and child care facilities, processing Certificates of Immunization Status (CIS), completing immunization status reports, and answering questions from parents and guardians about immunization requirements for children. Many of you don't deal with immunizations every day, but when you do, you are expected to know a lot about them right away. This manual was developed to assist you.

The manual is available in PDF format on the Department of Health's Immunization Program CHILD Profile Web site at www.doh.wa.gov/cfh/Immunize/schools/school-manual.htm. You may want to download and print the manual and place it in a three-ring binder for easy access.

The manual can help you:

- Understand Washington State immunization requirements for schools, preschools, and child care facilities, and strengthen your position with parents, school administrators, and health care providers by providing you with specific immunization regulations.
- Answer questions about the immunizations a child needs for school or child care.
- Organize an efficient filing system for the CIS.
- Set up a reminder system to track students with exempt and conditional immunization statuses.
- Know what to include in letters you send to families about disease outbreaks, incomplete immunization records, overdue immunizations, and exclusion of children from school or child care.
- Prepare the required school and child care Annual Immunization Status Reports.
- Report communicable diseases at your school or child care facility to local public health officials.
- Work with public health officials to get susceptible children immunized during a disease outbreak.
- Understand vaccine-preventable diseases, their causes and symptoms, and how they are spread.
- Locate immunization resources.

The manual contains the following chapters:

- What is Required?
- Who is Responsible for What?
- What Must be Recorded?
- Additional Recommendations
- Resources

¹ "Preschools and child care facilities" in this manual include preschools and child care centers associated with public and private schools, Head Start/ECEAP programs, licensed in-home child care, licensed child care centers, and children's group homes.

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What is Required?

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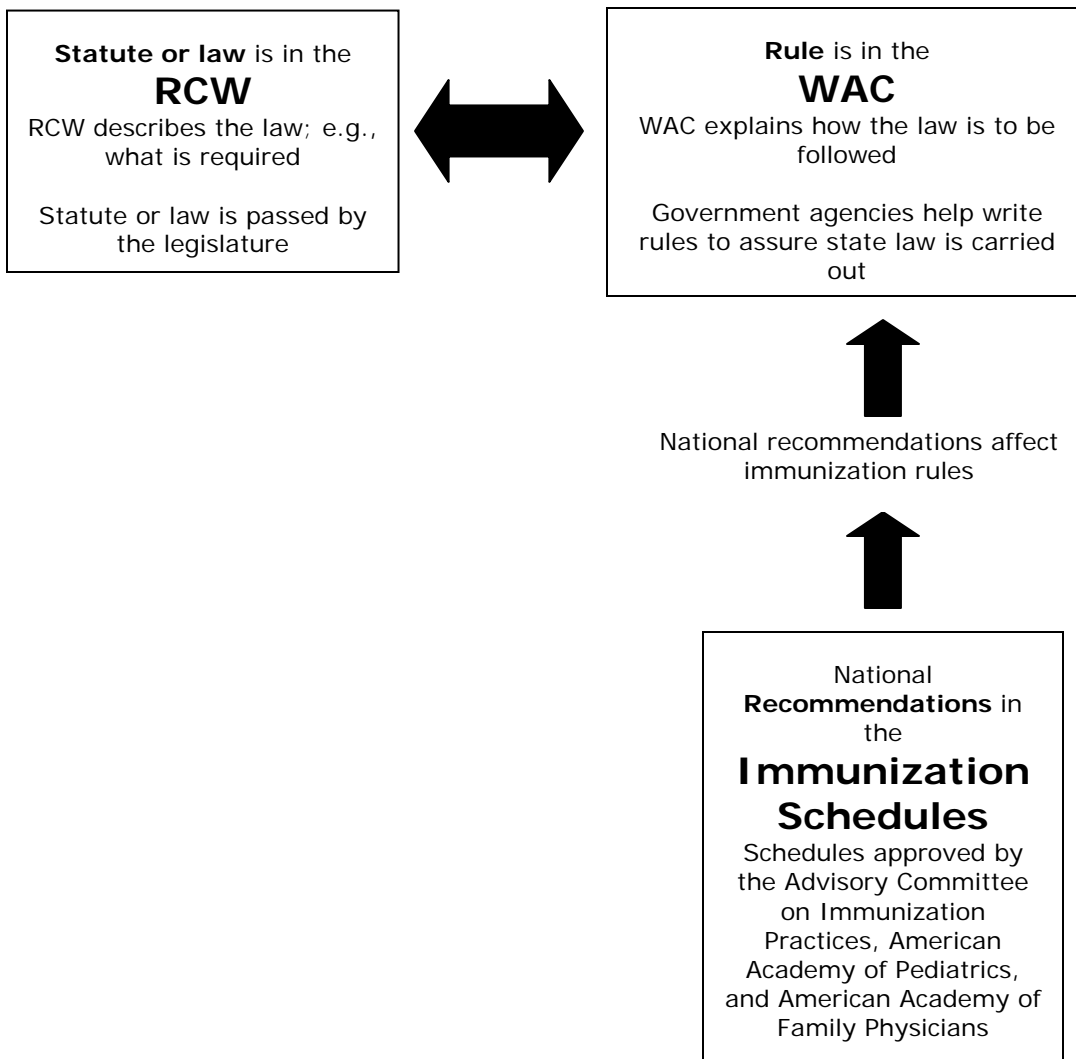
Requirements Snapshot

When we say that immunizations are required by law, we are really talking about statutes and rules.

Statutes are passed by the state legislature and become part of the Revised Code of Washington (RCW). The RCW is the state **law**. Government agencies such as the Washington State Board of Health and the Washington State Department of Health, assure that state law is carried out through **rules**. These rules can be found in the Washington Administrative Code (WAC). The rules in the WAC are based on the RCW.

In the case of immunizations, Washington State rules are also affected by national recommendations for the schedule of vaccine use. These recommendations are published in three different age group schedules: 0–6 Years, 7–18 Years, and 19 Years and Older.

Below is a basic visual representation of Washington State immunization regulations:



Required Versus Recommended Immunizations

The difference between immunization requirements and recommendations is sometimes confusing. It's important for you to be familiar with the difference so that you can get the information you need from parents and guardians. In short:

- **Requirements** are the minimum level of vaccination necessary for school, preschool, and child care entry. Washington State uses the Recommended Immunization Schedules when creating the minimum level requirements. The schedule referenced in the WAC is not necessarily the most current schedule, but is updated yearly.
- **Recommendations** are the "best practice" level for children and adults of all ages to get the best protection from vaccine-preventable diseases. Students may have more immunizations recorded than the minimum because they follow these recommendations.

The students at your school, preschool, or child care facility must meet the **minimum requirements** for entry. These helpful charts are included in this chapter for your reference:

- Vaccines Required Chart for School and Quick Reference
- Vaccines Required Chart for Child Care

Below is a key portion of the WAC which is necessary for your work. For the full Washington State immunization law (RCW 28A.210.060-170), See Chapter 5, Resources, "Washington Administrative Code (WAC)," and "Revised Code of Washington (RCW)."

Per WAC 246-105-030, any child attending school, preschool, or child care in Washington State is required by law to be:

1. Fully immunized at the ages and intervals consistent with the national immunization guidelines for their age/grade.
2. In the process of becoming immunized.
3. Exempted from immunization **against the following diseases:**
 - (A) Diphtheria
 - (B) Tetanus
 - (C) Pertussis (whooping cough)
 - (D) Poliomyelitis (polio)
 - (E) Measles (rubeola)
 - (F) Mumps
 - (G) Rubella (German measles)
 - (H) Hepatitis B
 - (I) *Haemophilus influenzae* type b (Hib disease)
 - (J) Varicella

In addition, a completed and signed Certificate of Immunization Status (CIS) is required to be on file at the school, preschool, or child care facility. An acceptable CIS is the certificate approved by the Department of Health and can be:

- Filled out by the parent/guardian.
- Printed by school personnel or health care providers from Washington's CHILD Profile Immunization Registry, which will automatically fill in the immunization record for the particular child.

The following Recommended Childhood Immunization Schedule (0–6 years) and Recommended Adolescent Immunization Schedule (7–18 years) are also included in this chapter for your reference.

In order to get the most updated versions, please print these documents separately from the Internet:

- **2009-2010 Vaccines Required for School Attendance, Grades K-12**
English <http://www.doh.wa.gov/cfh/Immunize/documents/vacreqschool09.pdf>
Español <http://www.doh.wa.gov/cfh/Immunize/documents/vacreqscholsp09.pdf>
- **2009-2010 Vaccines Required for Child Care/Preschool Attendance**
English <http://www.doh.wa.gov/cfh/Immunize/documents/vacreqchdcare09.pdf>
Español <http://www.doh.wa.gov/cfh/Immunize/documents/vacreqchcarsp09.pdf>

For the 2008-2009 School Year, schools and child cares must reference the 2007 Immunization Schedules:

- **2007 Recommended Immunization Schedule Ages Birth – 6 Years**
English only <http://www.doh.wa.gov/cfh/Immunize/documents/0-6immssched07.pdf>
- **2007 Recommended Immunization Schedule Ages 7 – 18 Years**
English only <http://www.doh.wa.gov/cfh/Immunize/documents/7-18immssched07.pdf>

For the 2009-2010 School Year, schools and child cares must reference the 2008 Immunization Schedules:

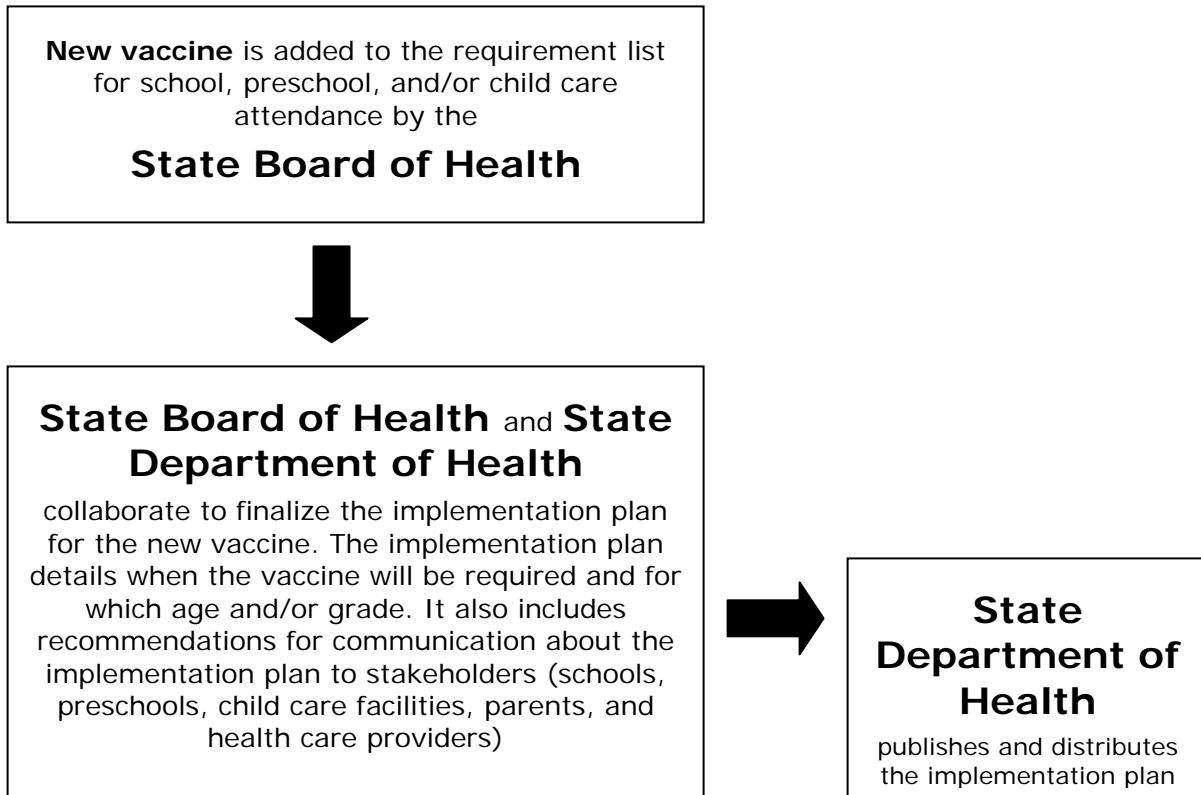
- **2008 Recommended Immunization Schedule Ages Birth – 6 Years**
English only <http://www.doh.wa.gov/cfh/Immunize/documents/0-6immssched08.pdf>
- **2008 Recommended Immunization Schedule Ages 7 – 18 Years**
English only <http://www.doh.wa.gov/cfh/Immunize/documents/7-18immssched08.pdf>

For the 2010-2011 School Year, the Immunization Program CHILD Profile expects the State Board of Health to adopt a rule (to start July 1, 2010) for schools and child cares to reference the 2009 Immunization Schedules:

- **2009 Recommended Immunization Schedule Ages Birth – 6 Years**
English only
http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2009/09_0-6yrs_schedule_pr.pdf
- **2009 Recommended Immunization Schedule Ages 7 – 18 Years**
English only http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2009/09_7-18yrs_schedule_pr.pdf

Implementation Plans Snapshot

When the Washington State Board of Health adds a new vaccine to the requirements list for school, preschool, and child care attendance, the board and the Washington State Department of Health collaborate to create an **Implementation Plan** to explain how the requirement is to be applied. Below is a basic visual representation of this process:



In an effort to reduce workload burden, the plans are sometimes implemented in a staggered pattern. For example, Tdap implementation began with sixth graders in 2007 and will add a grade each year until all students in Grades 6–12 are included in the requirement. These types of plans can easily become complicated to track, so it's helpful to read through them and post the plans where needed.

Currently, these three Implementation Plans have been published and are included in this chapter for your reference:

- Varicella (2008)
- Tdap (2006)
- PCV (2008)

WAC 246-100-166

Implementation for Varicella

Effective July 1, 2008



WAC 246-100-166 requires all children to show proof of immunity or document an exemption to varicella disease when attending school, a licensed child care center or preschool. The following outlines the plan for implementing varicella vaccine requirements.

Child Care/Preschool Entry

All children 16 months of age until Kindergarten entry who are attending a licensed child care center or preschool must show the following documentation on their Certificate of Immunization Status (CIS) form:

- Date of **one dose** of varicella vaccine, received on or after the child's first birthday; or
- Provider diagnosis or verification of a history of varicella disease or herpes zoster*; or
- Date of blood test (titer) showing serologic proof of immunity to varicella or herpes zoster; or
- Exemption from immunity based on a medical, religious or personal reason.

**Provider diagnosis or verification means a CHILD Profile-generated CIS form or a signed note from a health care provider.*

Before and After School Care

School-aged children attending before and/or after-school child care must meet the immunization requirements for their grade in school.

Kindergarten and 6th Grade Entry: From July 1, 2006 through June 30, 2008

All children who attended Kindergarten or 6th grade during **either the 2006-2007 or 2007-2008 school years** must show the following documentation on their Certificate of Immunization Status (CIS) form:

- Date of **one dose** of varicella vaccine, received on or after the child's first birthday; or
- Parental documentation of history of disease and approximate age the child acquired immunity*; or
- Provider diagnosis or verification of a history of varicella disease or herpes zoster**; or
- Date of blood test (titer) showing serologic proof of immunity to varicella or herpes zoster; or
- Exemption from immunity based on a medical, religious or personal reason.

**If the parent is unsure about the child's chickenpox history, refer the child to get the vaccine.*

***Provider diagnosis or verification means a CHILD Profile-generated CIS form or a signed note from a health care provider.*

This group of **Kindergarten students** will continue to have a **one dose** requirement until they finish 6th grade in school year 2013-2014. The 6th grade students will not encounter a **two dose** requirement as they advance in school (see implementation table below). However, these students should still be encouraged to meet the recommendations for varicella immunity.

Kindergarten Entry: After July 1, 2008

All children attending Kindergarten after July 1, 2008, must show the following documentation on their Certificate of Immunization Status (CIS) form:

- Dates of **two doses** of varicella vaccine, received on or after the child's first birthday and at least 28 days apart; or
- Provider diagnosis or verification of a history of varicella disease or herpes zoster*; or
- Date of blood test (titer) showing serologic proof of immunity to varicella or herpes zoster; or
- Exemption from immunity based on a medical, religious or personal reason.

**Provider diagnosis or verification means a CHILD Profile-generated CIS form or a signed note from a health care provider.*

Parental documentation of history of varicella disease will **no longer be accepted** for these students.

This group of students will have a two dose requirement until they finish 12th grade in school year 2020-2021 (see implementation table below).

Implementation Table

By the 2020-2021 school year, documentation of **immunity** to varicella or **exemption** is required for all students in K-12th grades.

Immunity means:

- **Two doses** of varicella vaccine; or
- Provider diagnosis or verification of a history of varicella disease or herpes zoster*; or
- Date of blood test (titer) showing serologic proof of immunity to varicella or herpes zoster.

Exemption means:

- Exemption from immunity based on a medical, religious or personal reason.

**Provider diagnosis or verification means a CHILD Profile-generated CIS form or a signed note from a health care provider*

The following table shows how the varicella vaccine requirements will:

- Phase out the **one dose** requirement by the 2013-2014 school year, and
- Advance one grade per year for the **two dose** requirement through the 12th grade by the 2020-2021 school year.

School Year	Grades and Varicella Vaccine Doses	
	1 dose*	2 dose**
2008-2009	1, 2, & 6	K
2009-2010	2, 3, & 6	K & 1
2010-2011	3, 4, & 6	K, 1, & 2
2011-2012	4, 5, & 6	K, 1, 2, & 3
2012-2013	5 & 6	K, 1, 2, 3, & 4
2013-2014	6	K, 1, 2, 3, 4, & 5
2014-2015		K, 1, 2, 3, 4, 5, & 6
2015-2016		K, 1, 2, 3, 4, 5, 6, & 7
2016-2017		K, 1, 2, 3, 4, 5, 6, 7 & 8
2017-2018		K, 1, 2, 3, 4, 5, 6, 7, 8, & 9
2018-2019		K, 1, 2, 3, 4, 5, 6, 7, 8, 9 & 10
2019-2020		K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 & 11
2020-2021		K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 & 12

* Parental documentation of history of varicella disease **ACCEPTABLE**.

** Parental documentation of history of varicella disease **NOT ACCEPTABLE**.

The Department of Health encourages schools, within existing resources, to encourage students in older age groups and grades beyond those identified in this implementation plan to meet recommendations for varicella immunity.

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Public Health – Always Working for a Safer and Healthier Washington

WAC 246-100-166, *Implementation for Varicella*

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).



2006 ACIP RECOMMENDED SCHEDULE TDAP IMPLEMENTATION PLAN July 12, 2006

WAC 246-100-166 references the 2006 ACIP Recommended Childhood and Adolescent Immunization Schedule. This schedule changes the 11-12 year booster for Td (tetanus and diphtheria) to Tdap (tetanus, diphtheria, and pertussis). The requirement to show proof of vaccination with DTaP (diphtheria, tetanus, and pertussis) at 2, 4, 6, and 15-18 months, and 4 – 6 years has not changed.

The new requirement will be implemented incrementally over a seven year period. The following plan outlines the implementation process for the new requirement for a Tdap booster.

Initial Implementation

As of July 1, 2007, children attending 6th grade are required to show proof of Tdap vaccination if it has been five years since receiving a DTaP or Td vaccine. Documentation on the CIS (Certificate of Immunization Status) form must include one of the following:

- Date (day, month & year) of vaccination
- Exemption from immunity based on a medical, religious, or personal reason

Incremental Implementation

The school entry requirement to show proof of Tdap vaccination will expand from 6th grade the first year of implementation (2007-2008 school year) to 6th grade through 12th grade by the seventh year of implementation (2013-2014 school year). The following table illustrates the incremental progress for Tdap implementation:

SY 2007-2008 – grade 6
SY 2008-2009 – grades 6 and 7
SY 2009-2010 – grades 6, 7, and 8
SY 2010-2011 – grades 6, 7, 8, and 9
SY 2011-2012 – grades 6, 7, 8, 9, and 10
SY 2012-2013 – grades 6, 7, 8, 9, 10, and 11
SY 2013-2014 – grades 6, 7, 8, 9, 10, 11, and 12

The Department of Health encourages schools, within existing resources, to include children in older age groups and grades beyond those identified in the incremental implementation plan beginning with 12th grade and working down through the lower grades.

Until the school entry requirement for 12th grade is implemented, schools must provide a written recommendation to all graduating seniors encouraging them to consult with their medical provider regarding the need for a Tdap booster.

Child Care/Preschool Entry:

School-aged children in before and after-school child care must meet the immunization requirements for their grade in school.

Implementation for Pneumococcal Vaccine

Effective July 1, 2009



WAC 246-105-030 requires all children to show documentation of receipt of age-appropriate pneumococcal vaccine or an exemption (medical, religious, or philosophical) when attending a licensed child care center or preschool. The following outlines the plan for implementing pneumococcal vaccine requirements.

WAC 246-105-040 references the “2008 Recommended Immunization Schedule Ages Birth–6 Years, United States” as the schedule of pneumococcal vaccine required.

The first pneumococcal conjugate vaccine (PCV7) was licensed in the United States in 2000. It has been routinely given in Washington State since 2001. Many children have received a full series but it may not have been recorded on the Certificate of Immunization Status Report since it has not been required.

The trade name for the current vaccine is Prevnar and may be abbreviated as PCV7 or PCV.

Recommended Schedule

Ages	By 3 Months (on or before last day of month 2)	By 5 Months (on or before last day of month 4)	By 7 Months (on or before last day of month 6)	By 16 Months (on or before last day of month 15)	By 19 Months (on or before last day of month 18)	By 24 Months (on or before last day of month 23)	By 7 Years (on or before last day of year 6) or by K entry
PCV	1 dose PCV	2 doses PCV	3 doses PCV	4 doses PCV	4 doses PCV Full immunization is 4 doses by 24 months, BUT: <ul style="list-style-type: none"> • Three doses required if only 2 doses given before 12 months; or • Two doses required if both received between 12-15 months of age; or • One dose required IF the only dose has been given on or after 24 months of age. 		Not routinely given after 5 years of age

Catch-Up Schedule

For children who are not immunized according to the recommended schedule, the number of doses a child needs to complete the series depends on the child’s current age and the age at which the vaccine is received.

If the child gets dose #1 at...	...then the child needs dose #2...	...and then the child needs...
7–11 months	At least 8 weeks after dose #1	Dose #3 at least 8 weeks after dose #2
12–23 months	At least 8 weeks after dose #1	No further doses
24–59 months	No further doses	No further doses

CIS and COE Snapshot

CIS

There are certain components of the Certificate of Immunization (CIS) that are required by law. Per **WAC 246-105-050**:

Schools, preschools and child care facilities must require proof of the child or student's immunization status on the Certificate of Immunization Status (CIS).

Certificate of Immunization (CIS) means:

- Department of Health approved certificate
- Legible copy of the Department of Health approved certificate
- Certificate printed from the Washington Immunization Registry
- Certificate that is approved by the Department of Health

Do not accept a certificate that is not approved.

CIS must include:

- Name of child or student
- Birth date of child or student
- Type of vaccine(s) received
- Month, day and year of each dose of vaccine received
- Parent Signature

The child's immunization status must be checked. Per **WAC 246-105-020**:

Immunization Status of the child or student can be:

- **Complete** (fully immunized according to minimum requirements)
- **Conditional** (in the process of being immunized according to minimum requirements)
- **Exempt** (if parent/guardian or health care provider signs a Certificate of Exemption indicating a vaccine or full required dosage of vaccine will not be received)
- **Out of Compliance** (if child does not have any of the other statuses)

For reporting purposes, a student can only be counted as having one status.

COE

WAC 246-105-050 allows for the following exemptions, which a parent/guardian must use to file an exemption for a child or student in the Certificate of Exemption (COE):

- **Medical Exemption** (health care provider signature required with indication of Temporary or Permanent exemption – if Temporary, must include date that exemption expires)
- **Religious Exemption** (parent/guardian signature required with indication of which vaccine(s))
- **Personal Exemption** (parent/guardian signature required with indication of which vaccine(s))

Parents/guardians of exempt children or students MUST receive notification that the child/student may be excluded from school, preschool or child care if an outbreak of a disease occurs that they are not fully immunized against, for the duration of the outbreak.

See Chapter 5, Resources for the complete WAC language.

In order to get the most updated versions of the CIS and COE, please print these documents separately from the Internet:

- **Certificate of Immunization Status (CIS)**

English <http://www.doh.wa.gov/cfh/Immunize/documents/certimmunstatus.pdf>

Español <http://www.doh.wa.gov/cfh/Immunize/documents/cisspanish.pdf>

For other languages, see:

<http://www.doh.wa.gov/cfh/Immunize/forms/otherlanguages.htm> **OR go directly to the following links:**

Albanian <http://www.doh.wa.gov/cfh/Immunize/documents/cisalbanian.pdf>

Arabic <http://www.doh.wa.gov/cfh/Immunize/documents/cisarabic.pdf>

Bosnian <http://www.doh.wa.gov/cfh/Immunize/documents/cisbosnian.pdf>

Cambodian <http://www.doh.wa.gov/cfh/Immunize/documents/ciscambodian.pdf>

Chinese <http://www.doh.wa.gov/cfh/Immunize/documents/cischinese.pdf>

French <http://www.doh.wa.gov/cfh/Immunize/documents/cisfrench.pdf>

Haitian Creole <http://www.doh.wa.gov/cfh/Immunize/documents/cishaitiancreole.pdf>

Hmong <http://www.doh.wa.gov/cfh/Immunize/documents/cishmong.pdf>

Japanese <http://www.doh.wa.gov/cfh/Immunize/documents/cisjapanese.pdf>

Korean <http://www.doh.wa.gov/cfh/Immunize/documents/ciskorean.pdf>

Laotian <http://www.doh.wa.gov/cfh/Immunize/documents/cislaotian.pdf>

Portuguese <http://www.doh.wa.gov/cfh/Immunize/documents/cisportuguese.pdf>

Punjabi <http://www.doh.wa.gov/cfh/Immunize/documents/cisportuguese.pdf>

Russian <http://www.doh.wa.gov/cfh/Immunize/documents/cisrussian.pdf>

Somali <http://www.doh.wa.gov/cfh/Immunize/documents/cissomali.pdf>

Tagalog <http://www.doh.wa.gov/cfh/Immunize/documents/cistagalog.pdf>

Thai <http://www.doh.wa.gov/cfh/Immunize/documents/cisthai.pdf>

Urdu <http://www.doh.wa.gov/cfh/Immunize/documents/cisurdu.pdf>

Vietnamese <http://www.doh.wa.gov/cfh/Immunize/documents/cisvietnamese.pdf>

- **Certificate of Exemption (COE)**

English <http://www.doh.wa.gov/cfh/Immunize/documents/certifexemption.pdf>

Español <http://www.doh.wa.gov/cfh/Immunize/documents/coespanish.pdf>

For other languages, see:

<http://www.doh.wa.gov/cfh/Immunize/forms/otherlanguages.htm#coe> **OR go directly to the following links:**

Albanian <http://www.doh.wa.gov/cfh/Immunize/documents/coealbanian.pdf>

Arabic <http://www.doh.wa.gov/cfh/Immunize/documents/coearabic.pdf>

Bosnian <http://www.doh.wa.gov/cfh/Immunize/documents/coebosnian.pdf>

Cambodian <http://www.doh.wa.gov/cfh/Immunize/documents/coecambodian.pdf>

Chinese <http://www.doh.wa.gov/cfh/Immunize/documents/coechinese.pdf>

French <http://www.doh.wa.gov/cfh/Immunize/documents/coefrench.pdf>

Haitian Creole <http://www.doh.wa.gov/cfh/Immunize/documents/coehaitiancreole.pdf>

Hmong <http://www.doh.wa.gov/cfh/Immunize/documents/coehmong.pdf>

Japanese <http://www.doh.wa.gov/cfh/Immunize/documents/coejapanese.pdf>

Korean <http://www.doh.wa.gov/cfh/Immunize/documents/coekorean.pdf>

Laotian <http://www.doh.wa.gov/cfh/Immunize/documents/coelaotian.pdf>

Portuguese <http://www.doh.wa.gov/cfh/Immunize/documents/coeportugese.pdf>

Punjabi <http://www.doh.wa.gov/cfh/Immunize/documents/coepunjabi.pdf>

Russian <http://www.doh.wa.gov/cfh/Immunize/documents/coerussian.pdf>

Somali <http://www.doh.wa.gov/cfh/Immunize/documents/coesomali.pdf>

Tagalog <http://www.doh.wa.gov/cfh/Immunize/documents/coetagalog.pdf>

Thai <http://www.doh.wa.gov/cfh/Immunize/documents/coethai.pdf>

Urdu <http://www.doh.wa.gov/cfh/Immunize/documents/coeurdu.pdf>

Vietnamese <http://www.doh.wa.gov/cfh/Immunize/documents/coevietnamese.pdf>

Reporting Snapshot

When we say that immunizations are required by state law, we are really talking about statutes and regulations. The Washington State Board of Health and the Washington State Department of Health assure the law is carried out through regulations. These regulations can be found in Chapter 5, Resources, "Washington Administrative Code (WAC)." As shown below, schools, preschools, and child care facilities are required to:

- Report the Immunization Status of their students/children.
- Create a policy for controlling the spread of disease at their facility.

Report Immunization Status

Per **WAC 246-100-166**, the chief administrator of every school, preschool, and child care facility in Washington State must:

4. Submit an immunization status report to the Washington State Department of Health every year by November 1.
5. Submit the report either electronically or by mail (using the status report created by the Department of Health).

Status Definitions

Immunization Status Definitions used on the Annual Status Report are as follows:

School Entry. The Centers for Disease Control and Prevention (CDC) defines "School Entry" as kindergarten entry. Schools that do not have a kindergarten but start with first grade need to report on first grade, which is considered their "School Entry" level. Schools that do not have either kindergarten or first grade do not need to complete the "Entry Level Only" row in part C of the status report.

Status. Many students will be complete for some vaccines, may be exempt for some, and may be out of compliance for others. **For reporting purposes, a student can only be counted as having one status.**

There are four immunization statuses available:

- **Complete.** This status indicates the child is fully immunized according to minimum requirements for age or grade.
- **Conditional.** This status means a type of temporary immunization status where a child is not immunized against one or more of the vaccine-preventable diseases required for full immunization. A child in this status is allowed to attend a school or child care facility provided the child makes satisfactory progress toward full immunization.
- **Exempt.** This status indicates the child's parent/guardian or health care provider has signed a Certificate of Exemption indicating a vaccine or the full required dosage of vaccine will not be received. All vaccines affected by exemption must be indicated on the Certificate of Exemption.
- **Out of Compliance.** This status indicates the child does not have

have any of the other statuses.

Susceptible List. A student with any status other than “Complete” must be included on the school, preschool, or child care facility’s **susceptible list** for follow-up or exclusion in the event of an outbreak.

Disease Prevention and Control

Per **Chapter 246-110 WAC—Contagious disease—school districts and day care centers**, all facilities responsible for children are required to establish policies and procedures for preventing and controlling the spread of communicable diseases in children, employees, and volunteer staff.

In order to get the most updated versions of the status report, please print these documents separately from the Internet:

School Status Reporting

- **Required School Status Report Form 2009**
English only <http://www.doh.wa.gov/cfh/Immunize/documents/348-014a.pdf>
- **Web-Based Immunization Status Reporting Instructions for Schools**
English only <http://www.doh.wa.gov/cfh/Immunize/documents/schinstruc4web.pdf>

Child Care and Preschool Status Reporting

- **Required Child Care/Preschool Status Report Form 2009**
English only <http://www.doh.wa.gov/cfh/Immunize/documents/348-002a.pdf>
- **Web-Based Immunization Status Reporting Instructions for Child Care and Preschool**
English only <http://www.doh.wa.gov/cfh/Immunize/documents/ccinstruct4web.pdf>

Disease Outbreak Notice

Per Chapter 246-110 WAC—Contagious disease—school districts and day care centers, all facilities responsible for children are required to establish policies and procedures for preventing and controlling the spread of communicable diseases in children, employees, and volunteer staff. These procedures must be consistent with current practices recommended by your local health jurisdiction or the Washington State Department of Health.

When students become ill, measures must often be taken to prevent or control outbreaks. In addition to the routine “keep your child home if....” recommendations to prevent the spread of disease in the school environment, additional measures may be implemented in an effort to prevent outbreaks of vaccine-preventable diseases. These may include (but are not limited to):

- Review of immunization records to assure that classmates are protected when a suspect case of a particular disease is reported.
- Identification of exposed and susceptible students.
- Exclusion of susceptible students until the danger of the outbreak has passed.

Call your local health jurisdiction immediately if you suspect a communicable disease in a child or staff member. Phone numbers are listed in Chapter 5, Resources, “Local Health Jurisdiction Contact List.”

Note: The following are two sample policies based on the Washington State School Directors’ Association policy for infection control. It is provided in this manual as a reference for school staff and volunteers.

Required Notification Letters Snapshot

Schools, preschools, and child care facilities must notify parents/guardians of certain immunization-related information.

Exclusion Notification

Per **WAC 246-105-060**, parents/guardians must be notified that:

- Their child may be excluded from school, preschool, or child care in the event of an outbreak of a vaccine-preventable disease for which their child is exempted, for the duration of the outbreak.

Parents/guardians must receive written notification of their child's exclusion, prior to the child being excluded for failure to comply with WAC immunization requirements, per:

- **392-380 WAC** for parents/guardians of children in public school
- **180-38 WAC** for parents/guardians of children in private school

Disease and Vaccine Information

Per **RCW 28A-210-080**, parents/guardians of all students beginning with the sixth grade must receive a letter with information about meningococcal disease and vaccine.

Per **RCW 28A-210-080**, parents/guardians of students in:

- Public schools beginning with Grade 6 must receive a letter about the Human Papillomavirus disease and vaccine.
- Private schools beginning with Grade 6 must be notified that information about Human Papillomavirus prepared by the Department of Health is available.

The Department of Health has sample letters for school, preschool, and child care facility use. These letters are included in this chapter for your reference.

Sample

School Notice of Incomplete Immunization

[INSERT DATE]

Dear Parent/Guardian of:

(Student's Name)

Birthdate:

(Student's Birthdate)

The Washington State Immunization Law (RCW 28A.100-120) requires that all students be properly immunized in order to attend or continue attending school. **All students must have a completed Certificate of Immunization Status (CIS).** A recent review found your student's CIS incomplete.

The reasons for your child's incomplete CIS are marked below. Please **complete the information requested on the attached CIS** and return it to school by _____. If we don't get the form by this date, your child will not be allowed to attend school.

The attached Certificate of Immunization Status (CIS) is incomplete for the following reason(s):

- Need parent/guardian's signature and date of signature.
- Need dates (month, day, and year) on which all vaccine(s) were given.
- If claiming exemption by reason of immunity, need a health care provider's signature, date of signature, and positive blood test (TITER) result showing laboratory evidence of immunity.
- If claiming medical exemption, need a health care provider's signature, date of signature, and the particular vaccine or vaccine dose that is exempted.
- If claiming philosophical or religious exemption, need a parent/guardian signature and date of signature.
- Need another dose of a live virus (MMR or varicella) because one dose was given too soon after another dose and so the second vaccine does not count. Consult with your health care provider.
- Need date (month, day, year) for the vaccine dose(s) marked below:
 - DTaP dose #1 Polio dose #1 MMR dose #1 Hep B dose #1 Varicella dose #1
 - DTaP dose #2 Polio dose #2 MMR dose #2 Hep B dose #2 Varicella dose #2
 - DTaP dose #3 Polio dose #3 Hep B dose #3
 - DTaP dose #4 Polio dose #4
 - DTaP dose #5
 - Tdap dose #1

Other: _____

Immunizations may be obtained from your private health care provider or from a local immunization clinic (please see attached immunization clinic locations list). If you have questions or need help, please contact your school nurse, health care provider or local health department.

Thank you for your prompt response!

School Representative: _____

Date: _____

SCHOOL: _____

PHONE: _____

SCHOOL NURSE: _____

PHONE: _____

Sample

Child Care/Preschool Notice of Incomplete Immunization

[INSERT DATE]

Dear Parent/Guardian:

_____ is prohibited from attending
(Name of child)

(Name of Head Start/ECEAP/preschool/child care facility)

until she/he complies with Washington state immunization law RCW 28A.210.120. This law requires that, before your child attends child care, you submit a completed and signed Certificate of Immunization Status (see attached copy) indicating:

1. Month, day and year each dose of required vaccine was given **OR**
2. Evidence that your child is in the process of being immunized **OR**
3. Exemption from immunization for medical, religious or personal reasons.

The required immunizations may be obtained from your doctor or health clinic. Our local health department's contact information is:

Thank you for your prompt response to this issue.

Director

Child Care Facility/Preschool

Address

Phone

Attachments:

Certificate of Immunization Status
Vaccines Required for Child Care/Preschool

Sample

Meningococcal Letter

[INSERT DATE]

Dear Parent or Guardian:

As of July 2005 schools in Washington are required to provide information on meningococcal disease to parents or guardians of all students entering Grades 6-12.

Meningococcal disease is a serious infection of the brain (meningitis) and/or blood (sepsis) caused by a type of bacteria. Fortunately, this life-threatening infection is rare – between 40-80 people are infected each year in Washington. Adolescents and young adults are more likely to get meningococcal disease, especially those living in group settings, like college dorms.

A vaccine is available that can protect your child against the most common types of bacteria that cause meningococcal disease. One dose of meningococcal vaccine is recommended for all adolescents ages 11-12 years and ages 13 through 18 years who have not previously been vaccinated. College freshmen living in dorms are at increased risk for meningococcal disease and should get vaccinated before starting college if they didn't get the vaccine at a younger age.

Here are some other ways to prevent the spread of meningococcal disease:

- Practice good hygiene (regular hand washing, covering coughs and sneezes, etc.)
- Do not share items such as eating utensils, glasses, cups, water bottles, drinks, lip gloss or toothbrushes, because they may spread meningococcal disease and other bacteria and viruses.

We encourage you to learn more about meningococcal disease and how to prevent it. More information on meningococcal disease, the vaccine, and other recommended immunizations is available on the following web sites:

Washington State Department of Health Immunization Program

Meningococcal information:

www.doh.wa.gov/cfh/immunize/diseases/meningitis/default.htm

Adolescent immunizations: www.doh.wa.gov/cfh/immunize/immunization/teens.htm

Children's Hospital of Philadelphia Vaccine Education Center

Meningococcal questions & answers: www.chop.edu/vaccine/images/vec_mening_tear.pdf

National Meningitis Association

www.nmaus.org

Sincerely,

[INSERT NAME AND TITLE]

Sample

Public School HPV Letter

[INSERT DATE]

Dear Parent or Guardian:

The following information is being provided to you at the direction of the Washington State Legislature to help reduce cervical cancer rates in Washington by protecting girls from HPV.

What is Human Papillomavirus (HPV)?

HPV is a very common virus that is spread through genital contact. At least 50 percent of sexually active people will get HPV at some time in their lives. There are many types of HPV. Some types can cause cervical cancer or genital warts. Both women and men can get HPV and easily spread it to others without knowing they have it.

What are the symptoms of HPV?

Most people with HPV have no signs or symptoms. Some people know they have HPV because they have a symptom like genital warts. Women may find out they have HPV through cervical cancer screening (Pap tests) and HPV testing. Health care providers do not usually test for HPV unless abnormal cervical cell changes are detected by a Pap test.

How can HPV infection be prevented?

The best way to prevent HPV infection is to abstain from all sexual activity. People with only one lifetime partner can get HPV if their partner had previous sexual partners. It is uncertain how well condoms protect against HPV infection. However, condom users do have lower cervical cancer rates. The HPV vaccine is a very effective way to prevent four types of HPV that can cause cervical cancer and genital warts.

What is the HPV vaccine?

The HPV vaccine, Gardasil[®], protects against four types of HPV which cause 70 percent of cervical cancers and 90 percent of genital warts. The vaccine does not protect against all types of HPV or other sexually transmitted infections. The vaccine also does not protect against any type of HPV that someone already has. Current studies show that HPV vaccine protection lasts up to 5 years. Research will continue to determine the length of the HPV vaccine's protection.

Who should get the vaccine and when should they get it?

The federal Advisory Committee on Immunization Practices recommends the HPV vaccine for all girls age 11-12 years. The vaccine can also be given to females as young as nine and up to 26 years, if their doctor recommends it. HPV vaccine is given as a series of three shots over a six month period. The vaccine is not currently recommended for boys or men. The HPV vaccine is a preventive vaccine and will offer the best protection if given before sexual activity starts. HPV vaccine is not required for school entry in Washington.

Are Pap tests still recommended for females that get the HPV vaccine?

Yes. The HPV vaccine does not protect against all of the types of HPV that can cause cervical cancer, so females will still need Pap tests.

Where can I find the HPV vaccine?

Ask your doctor, nurse, or local health clinic to find out whether your daughter needs the HPV vaccine and where you can get it. Most providers in Washington will have state-supplied HPV vaccine and there will be no cost to parents (of girls under 19 years) for the vaccine. Providers may charge an office visit and/or administration fee. The HPV vaccine is

available to providers at no cost through Washington State's Universal Childhood Vaccine Program.

For more information on HPV, the Vaccine, and Cervical Cancer:

Centers for Disease Control & Prevention

<http://www.cdc.gov/std/hpv/>

WA State Department of Health

<http://www.doh.wa.gov/cfh/immunize/documents/hpvvaccinefactsheet.pdf>

American Social Health Association

<http://www.ashastd.org/>

American Cancer Society

www.cancer.org

Sincerely,

[INSERT NAME AND TITLE]

Sample

Private School HPV Letter

[Insert Date]

Dear Parent or Guardian:

Do you want to know more about a very common virus that can cause cervical cancer and its vaccine? General information on Human Papillomavirus (HPV) infection, cervical cancer, and the HPV vaccine is available on the Washington State Department of Health website at: www.doh.wa.gov/cfh/immunize/diseases/hpv/default.htm.

A fact sheet with more detailed information on HPV disease and the vaccine is also available from the Department of Health at: www.doh.wa.gov/cfh/immunize/documents/hpvvaccinefactsheet.pdf.

We are required by Washington State law to inform you about the availability of information on HPV disease (RCW 28A.210.080). If you have questions about the requirements of the law, please contact [insert school name] or your state representative.

Sincerely,

[INSERT NAME AND TITLE]

Chapter 2

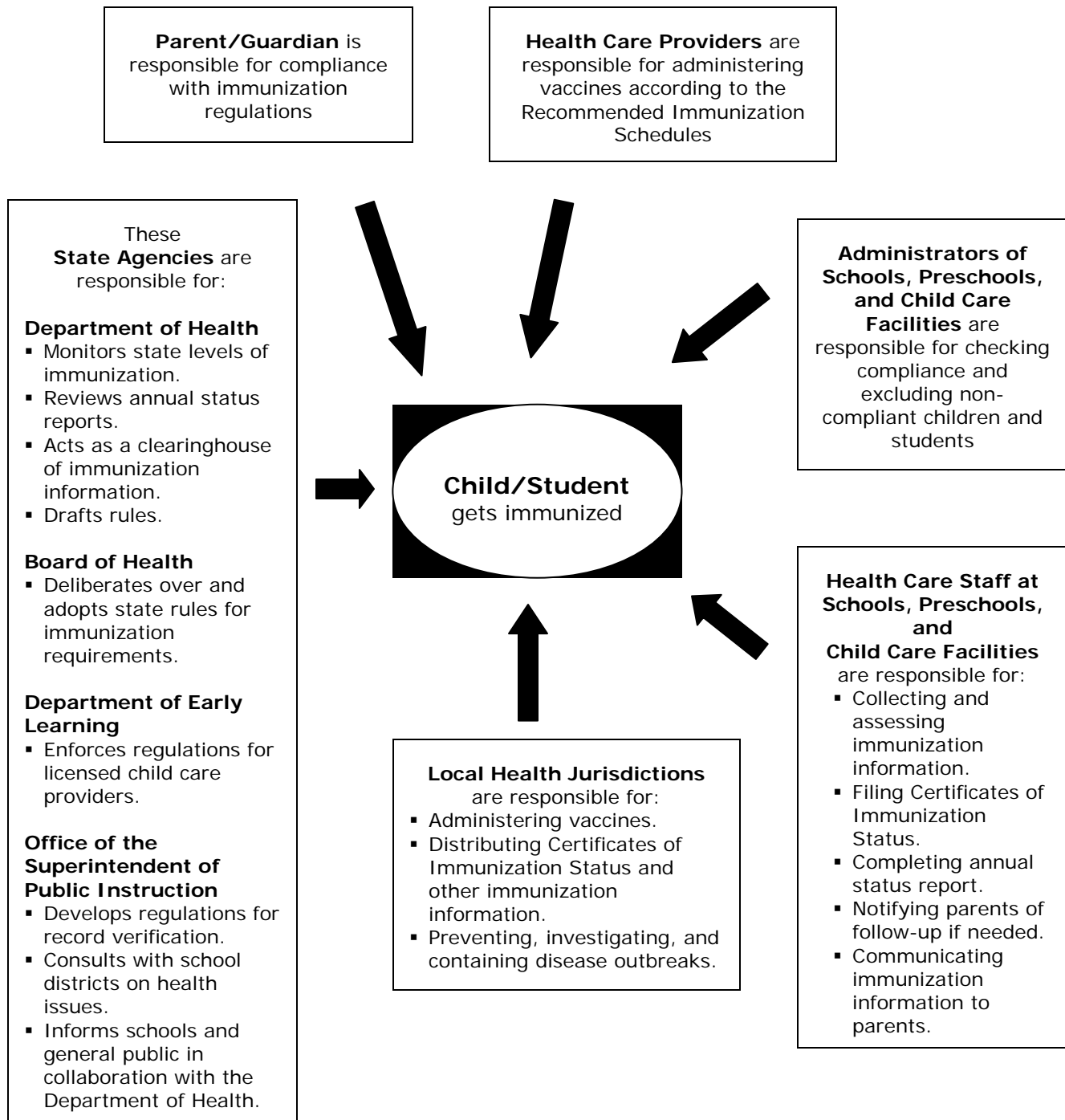
Who is Responsible for What?

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Responsibilities Snapshot

Many organizations and individuals have responsibilities for immunizing children or students in Washington State, as shown in the diagram below.



Who and What?

Many organizations and individuals have responsibilities for immunizing children or students in Washington State. The specific responsibilities are as follows:

Parents/Guardians

Parents, including foster parents and guardians, are responsible for a child's compliance with immunization regulations. Parents should keep accurate and up-to-date immunization records for their children. Accurate records are needed in order to complete the Certificate of Immunization Status (CIS) when a child enters school, preschool, and/or a child care facility.

The immunization dates on the CIS must come from a written record, such as a personal immunization record, baby book, or records from a clinic or health care provider. A parent, guardian, or other designated adult is responsible for informing the school nurse or designated staff whenever a child has had an immunization so the CIS can be updated.

Health Care Providers

Licensed medical doctors (MD), doctors of osteopathy (DO), naturopathic doctors (ND)*, licensed Physician's Assistants (PA), and Nurse Practitioners (ARNP) with prescriptive authority are authorized to prescribe and administer vaccines. They are expected to immunize patients according to the Recommended Immunization Schedules and to educate parents and guardians about communicable diseases and immunizations by providing a current Vaccine Information Statement (VIS) for each vaccine administered. They are also expected to give parents and guardians up-to-date documentation of their child's immunization history. See Chapter 5, Resources for RCW reference.

Health care providers may share a child's immunization information with other health care providers without parental consent as long as the exchange is being done to assist in providing health care, according to the 1991 Uniform Health Care Information Act. Immunization information can also be exchanged between a licensed health care provider and a school nurse or designee. Any signed parental consent for disclosure of immunization information to individuals other than health care providers is valid for only 90 days.

Administrators of Schools, Preschools, and Child Care Facilities

The director, principal, or program manager has the ultimate responsibility for immunization matters, but may delegate many immunization matters to a staff member(s) (see below). The administrator or his or her designee excludes children from school, preschool, or child care if they are not in compliance with state immunization requirements. **Students whose immunization status is "conditional" become out-of-compliance if they fall more than 30 days behind schedule in getting immunized, and are to be excluded.**

Designated Health Care Staff at Schools, Preschools,

and Child Care Facilities

The program director or principal has the ultimate responsibility, but may delegate immunization duties to a nurse, health assistant, secretary, clerk, or volunteer. Duties include:

- Collecting, verifying, and assessing immunization information for accuracy and completeness.
- Notifying parents when follow-up is needed.
- Keeping an up-to-date list of children who are not adequately immunized.
- Submitting timely annual immunization status reports to the Washington State Department of Health.
- Reporting (immediately) communicable diseases to the local health jurisdiction, school or preschool administrator, child care director, and parents.
- Cooperating with local health jurisdiction officials and the school/preschool administrator or child care facility director to prevent and contain the spread of a disease when an outbreak threatens or occurs.
- Establishing a system for storing and maintaining the CIS. Washington State immunization law requires each student to have a completed CIS on file. A systematic file system makes it easier to:
 - Update your records.
 - Identify students who, according to your records, have skipped immunizations or are due for more.
 - Identify and keep a list of susceptible students, to be used in the event of a vaccine-preventable disease outbreak.
 - Keep completed CISs together, arranged alphabetically by grade level and last name, in a folder.
 - Keep a separate alphabetical list of students who are not completely immunized.
 - Compile the annual status report that is required by the Washington State Department of Health.
 - Be sure immunization-tracking software (if being used) will separate immunization records into "complete," "conditional," "exempt," and "out-of-compliance" categories; list which immunizations a student needs and when they are due; and produce annual status reports.
- Educating coworkers and parents about the importance of immunizations. School nurses, health assistants, and secretaries can help protect students against serious diseases by encouraging full and timely immunization. School personnel are an important and trusted source of information about immunization. Take advantage of enrollment and Kindergarten Round-Up to communicate with parents about their children's CIS, state immunization laws, and school requirements, and the importance of immunizations. Help parents understand that:
 - Each child's immunization status must be legally documented on a CIS.
 - Immunizing on time is important. Reading the Recommended Immunization Schedules will show when vaccines are due.
 - Various immunizations are required for school attendance.
 - Communicable diseases have not been eliminated.
 - Keeping up-to-date records at home and school is vital.
 - Community resources offer low-cost immunizations and that some health care providers have convenient evening and weekend hours.

Local Health Jurisdictions

Most local health jurisdictions (LHJs), often called county health departments or districts, administer immunizations. Some distribute Certificates of Immunization Status and other immunization forms, as well as educational materials about communicable disease and immunization regulations. Public health officials take steps to contain and prevent disease outbreaks, and investigate them when they do occur. They also work to achieve and/or maintain high immunization levels in their respective communities.

State Agencies

Department of Health

The Washington State Department of Health Immunization Program CHILD Profile is responsible for monitoring immunization levels statewide. The program works closely with the Office of the Superintendent of Public Instruction, Department of Social and Health Services, local health jurisdictions, child care facilities, and private health care providers. The program helps other agencies and organizations by answering questions, making referrals, and serving as an information clearinghouse about vaccines and vaccine-preventable diseases. School, preschool, and child care facility records may be reviewed by public health staff for compliance with state regulations.

Board of Health

The Washington State Board of Health adopts regulations regarding immunization requirements and communicable disease control.

Department of Early Learning

The Department of Early Learning enforces license regulations for licensed child care providers.

Office of the Superintendent of Public Instruction

The Office of the Superintendent of Public Instruction develops regulations for immunization record verification, consults with school districts on health issues, and helps the Department of Health inform schools and the general public about immunization issues. Questions about individual student immunization records are referred to the student's health care provider or local health jurisdiction.

Special Populations

There are additional special school populations that have responsibilities regarding immunizations. They are outlined below.

Alternative School Programs

Home-Schooled Students, Running Start Students, and Virtual School Students

Because the transmission of many communicable diseases is air-borne, the principle of "sharing air-space" is appropriate for students in alternative programs, such as those who are home-schooled, participate in Running Start, or study via distance learning. If the student is "sharing air-space" with other students, the immunization requirements apply to the student. The student is "sharing air space" by riding the school bus or entering the school building for any type of class or lesson such as music, drama, or sports. There must be a signed Certificate of Immunization Status (CIS) on file at the school for each of these students. The student must either be fully immunized for age/grade, be making satisfactory progress toward being fully immunized, or have a signed Certificate of Exemption.

It is good public health practice to encourage immunization.

Graduating Students

Upon graduation, a student or his or her parent should get the student's most recent and accurate CIS. Schools may want to keep a copy on file, but are not required to do so. Immunization records are often required for entrance into college or for employment, especially in health-related fields.

A letter that provides information about additional vaccine recommendations that are particularly important for the adolescent can accompany the CIS. See Chapter 5, Resources, "Sample Graduating Senior Letter."

Homeless Students

Students who meet the definition of homeless as outlined in the McKinney-Vento law* must be allowed to enroll, attend classes, and participate fully in school activities even if the student does not have immunization records. Once students are enrolled, the homeless liaison must help students get immunizations or immunization records.

No Child Left Behind legislation states: The "enrolling school shall immediately refer the parent or guardian of the student to the local educational agency liaison who shall assist in obtaining necessary immunizations or immunization records."

Students who meet the definition of homeless as outlined in the McKinney-Vento law* are not to be excluded due to lack of immunization records.

***Who is homeless (Sec. 725 McKinney-Vento Act; USC 11432)**

The term "homeless children and youth"

- A) means individuals who lack a fixed, regular, and adequate nighttime residence...; and
- B) includes:
 - i. children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.
 - ii. children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human being.
 - iii. children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
 - iv. migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

International students are bound by the same rules as all students and must therefore have a completed CIS on file at the school they are attending. This includes international students who are short-term visitors. Immunization requirements are the same as for any other student, so the completed or conditional CIS must be received prior to the first day of attendance at the school. Host parents of international students act as legal guardians and may sign a CIS but may not legally take the student to be immunized unless the host parents have notarized permission from the student's parents to do so, or if the student is age 18 years or older.

It is strongly recommended that the CIS be filled out as part of pre-registration for all international students. Schools should also provide the CIS for sponsor agencies arranging student visits. Completing the CIS should become a regular part of the application procedure so the school district can be assured that an international student is in compliance with the immunization requirements upon arrival in Washington State.

In Chapter 5, Resources, "Foreign Language Terms," you'll find the names of 8 vaccine-preventable diseases translated into 32 foreign languages and the routine childhood vaccinations given in other countries.

Summer School Students

All students enrolled in a Washington State public or private summer school must have a CIS on file. Students attending summer school in a building other than the school they regularly attend but within the same school district are in compliance with the immunization law if a CIS is on file at the home school. This policy also applies to skill centers and off campus and alternative schools. However, the records need to be accessible. If the school with the immunization records is to be closed during the summer, a copy must be available at the summer school location.

Transfer Students

When a student transfers to another school district, the original CIS or a legible copy can be given directly to the parent to take to the new school. If a copy is given to the parent, the original can be transferred with the student's other school records.

Note: A CIS cannot be withheld by the student's former school for any reason, including non-payment of fees. See Chapter 5, Resources, "Washington Administrative Code (WAC)."

In-State Transfer Students

If a student transfers to a new school district within the state, he or she is considered 'new' and must have a fully-completed and signed Certificate of Immunization Status (CIS) on file at the new school. A copy of the CIS from the former school is sufficient.

Out-of-State Transfer Students

Students transferring from other states are required to have a completed Washington State CIS on file at the new school. Forms used in other states are not acceptable, even if the information complies with Washington State immunization law. Information from other states may be used to complete the Washington State CIS.

Chapter 3

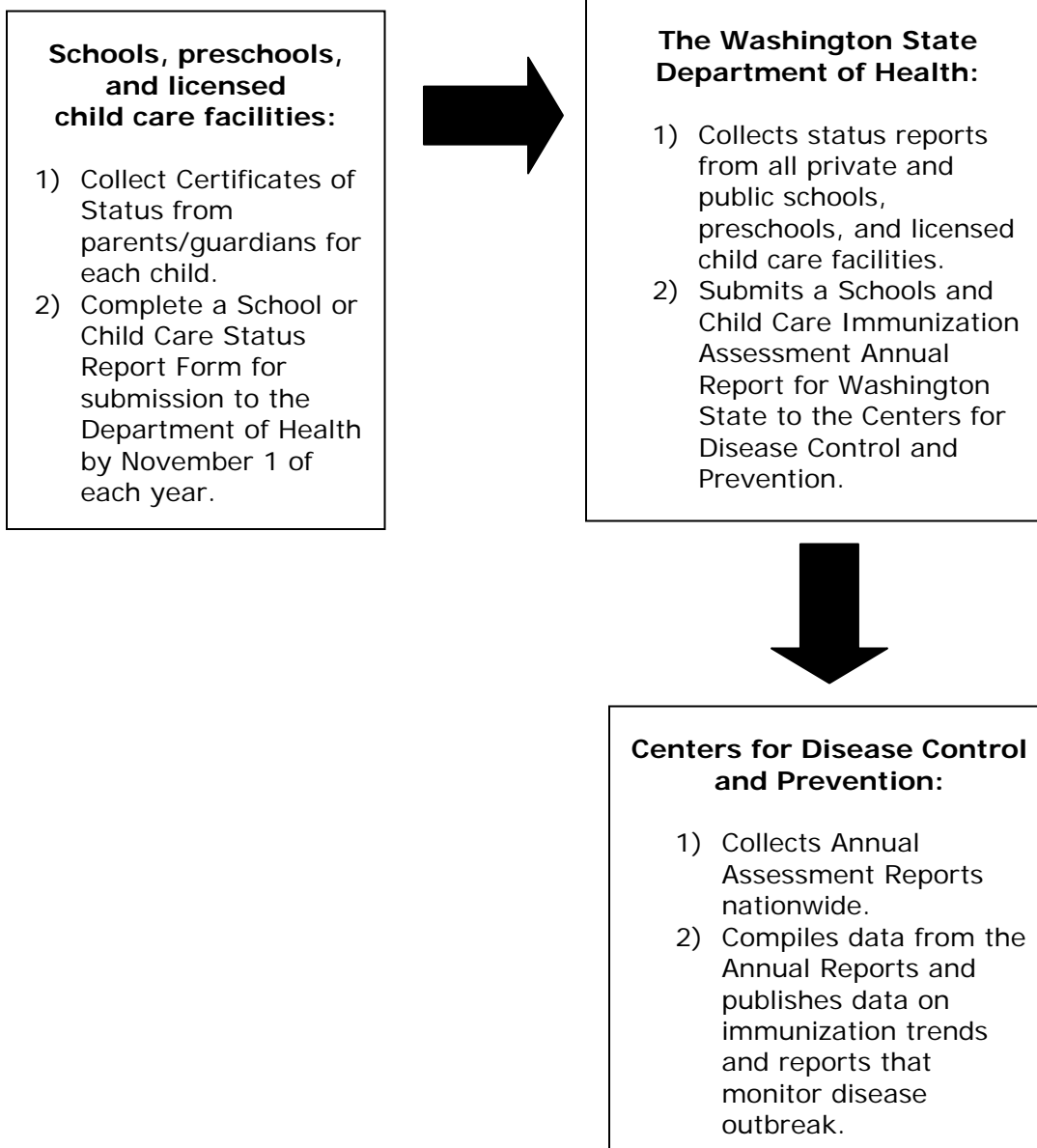
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Record Keeping Snapshot

Below is a visual representation of how immunization reporting at the local level goes to the state and federal levels.



Organizing Records

Certificate of Immunization Status

Manual Record Keeping

Washington State immunization law requires each student to have a completed Certificate of Immunization Status (CIS) on file. Consider the following when setting up a filing system:

- Keep completed CISs together in a folder, arranged alphabetically by grade level and then by last name
- Keep a separate alphabetical list of students who are not completely immunized

A systematic filing system makes it easier to:

- Update your records.
- Identify students who have skipped immunizations or are due for more.
- Identify and keep a list of susceptible students, to be used in the event of a vaccine-preventable disease outbreak.
- Compile the annual status report that is required by the Department of Health.

Computerized Record Keeping

If using immunization-tracking software, be sure the software will:

- Separate immunization records into “complete,” “conditional,” “exempt,” and “out-of-compliance” categories.
- List which immunizations a student needs and when they are due.
- Produce annual status reports.

Certificate of Exemption

Manual Record Keeping

If a parent exempts a child from any required immunization(s), Washington State law requires that a completed and signed Certificate of Exemption (COE) be on file for that child at school, preschool, or child care. Consider the following when setting up a filing system:

- Keep completed COE forms together in a folder, arranged alphabetically by grade level and then by last name (be sure this is a different filing folder than the CIS folder)
- Keep a separate alphabetical list of students who are exempt

A systematic filing system makes it easier to:

- Update your records.
- Give the list to your local health jurisdiction in the event of an outbreak or exposure of a vaccine-preventable disease.
- Complete the exemption portion of annual status report.

Determining Immunization Status

Each child's immunization status must be determined for the annual status report. The immunization status is based on the student's Certificate of Immunization Status (CIS) and/or Certificate of Exemption (COE). If the student is exempt, the COE is required to explain the status. There are four possible immunization statuses, as described below.

Status of Immunizations

■ Complete (for Age)

A child who has an immunization status of "complete" as described in WAC 246-105-020 if her or she:

- has been fully immunized for his or her age against each of the vaccine-preventable diseases listed in WAC 246-105-030 according to the national immunization guidelines described in WAC 246-105-040 or
- has provided proof of acquired immunity

A completed CIS must be signed and on record at the school or facility.

■ Conditional

Conditional status means a type of temporary immunization status where a child is not immunized against one or more of the vaccine-preventable diseases required by WAC 246-105-020 for full immunization. A child in this status is allowed to attend a school or child care facility provided the child makes satisfactory progress toward full immunization. "Satisfactory progress" (for purposes of conditional status or an expired temporary medical exemption) means the start or continuance toward full immunization status through the receipt of missing immunizations in a manner consistent with the national immunization guidelines described in WAC 246-105-0404 and within the following time frames:

- Any missing immunizations must be received within 30 days after the first day of attendance or after a temporary medical exemption is no longer valid, unless receipt within such time is inconsistent with the guidelines.
- When the immunizations are part of a series with recommended intervals between doses, each additional missing immunization must be received no later than 30 days past the recommended date of administration of the next dose as established by the guidelines.

■ Out of Compliance

A child whose immunization status is not complete, not conditional, or who is not exempt has an "out of compliance" status. A child without a signed CIS is considered out of compliance. Any child who is out of compliance **must** be excluded from attendance until he or she meets the legal requirements of the law.

■ Exempt

A child may be exempt (excused) from immunization requirements for medical, religious, or personal reasons. Exemptions must be documented on the COE as follows:

- Medical exemptions must be signed by a licensed medical doctor (MD), doctor of osteopathy (DO), naturopathic doctor (ND) (see RCW 18.36A.040), licensed physician assistant (PA), or nurse practitioner (ARNP). Either the COE or a note signed by the health care provider and

- attached to the COE can be used to document medical exemptions.
- A child may have a medical reason to temporarily delay an immunization with the intent to be immunized later. The date the temporary exemption is expected to end must be given. The designated staff member at a school, preschool, or child care facility is expected to monitor temporary exemptions.
 - Personal or religious exemptions must be signed by a parent or guardian to certify that the parent or guardian opposes one or more vaccines, or intends to delay immunizing the child.

Status of Immunizations and the Annual Status report

Even though a child could be complete for some vaccines, conditional for others, and exempt for still others, **each child can only have one status entered for the annual status report**. Consider these examples:

- If child is exempt for any dose, or vaccine, the child's status is **exempt**.
- If a child is conditional for any vaccine or dose in a series and has no exemptions, the child's status is **conditional**.
- If a child is neither exempt nor conditional for any vaccine or dose in a series but is out of compliance for a vaccine or dose in a series, the child's status is **out of compliance**.

Accessing Records in the CHILD Profile Immunization Registry

Washington's Web-based, statewide CHILD Profile Immunization Registry is used by many health care providers and clinics in the state to record immunization information for patients. However, all the children at your school, preschool, or child care facility may not have immunization information entered into the Registry. Schools and Head Start and ECEAP programs can have access to the Registry as well, as shown in the snapshot below, in order to find and print immunization information for students.

Access Snapshot

With a current Information Sharing Agreement on file with CHILD Profile, and following appropriate HIPAA and FERPA regulations regarding medical data, Health Care Providers may complete the following tasks in the Registry:

- 3) Enter immunization data (vaccine, date received)
- 4) View and Edit (change) immunization data
- 5) Print immunization records
- 6) Print automatically-populated Certificate of Immunization Status (CIS)

With a current Information Sharing Agreement on file with the school district and CHILD Profile, Schools

with a school nurse* on staff may complete the following tasks in the Immunization Registry:

- 1) View immunization data
- 2) Print immunization records
- 3) Print auto-populated CIS

*Staff assigned by the school nurse can also access the Registry.

With a current Information Sharing Agreement on file with CHILD Profile, Head Start and ECEAP Facilities

with a nurse consultant* on staff may complete the following tasks in the Immunization Registry:

- 1) View immunization data
- 2) Print immunization records
- 3) Print auto-populated CIS

*Staff conducting immunization tasks can also access the Registry under direction of the nurse.

Schools and Head Start/ ECEAP Facilities MUST also comply with the following:

- 1) Sign a Confidentiality Agreement
- 2) Follow HIPAA and FERPA regulations regarding medical data
- 3) Give a record of the immunizations to the parent/guardian

Registry Overview

What is the CHILD Profile Immunization Registry?

CHILD (Children's Health Immunizations Linkages and Development) Profile is Washington State's Immunization Registry and Health Promotion System designed to help ensure Washington's children receive the preventive health care they need. The Washington State Department of Health is responsible for the system and contracts with Public Health--Seattle & King County for primary CHILD Profile operations. The CHILD Profile system has grown from a two-county pilot project to a statewide system that now serves parents and health care providers in every Washington county.

What does the Registry offer health care providers?

The CHILD Profile Immunization Registry is a tool for a child's health care provider to access patient immunization information in a shared, secure database. Health plans and local health jurisdictions can get population-based immunization information to help with reporting. To help providers manage their immunization services, the Registry includes:

- Immunization histories.
- Recommendations and forecasts of immunizations needed.
- Recall/reminder lists, mailing labels, or postcards for patients who are due or who have missed immunizations.
- Vaccine usage reports.
- Data for practice-specific immunization assessment reports.

If a child changes health care providers, the new provider may access the CHILD Profile Immunization Registry to review the child's record. This ensures that the child's health information continues to be updated in one central location. Access is available to providers who sign an Information Sharing Agreement that assures confidentiality, privacy, and security of the Registry.

School Access

Do schools have access to the Registry?

Yes! Since September 2006, Registry access is available to all school districts throughout the state for schools to view immunization records. Access was created after a 2004–2005 pilot program that the department conducted with school districts. Results of the pilot showed that school access to the Registry saves resources, time, and energy for staff and nurses.

How do schools get access to the Registry?

A "Step-by-Step Guide" outlines the five steps necessary to complete the process for Immunization Registry access for school districts and can be found on the CHILD Profile Web site at www.childprofile.org. Look for the schoolhouse icon on the left side of the page. The process is easy to follow and is designed to be completed independently.

Be sure to first check with your school district superintendent's office to determine if an Information Sharing Agreement has already been signed and submitted to CHILD Profile.

- If yes, meet with other school district nurses to develop a coordinated approach to implementation of Registry view access and follow the instructions outlined in the "Step-By-Step Guide."
- If no, meet with other school district nurses to develop a coordinated approach to Registry access that begins with the submission of a signed Information Sharing Agreement to CHILD Profile. (Please note: Information Sharing Agreements must be

signed by the school district superintendent or authorized designee.) Instructions are outlined in Step Two of the Guide.

If you still have questions after reading the five-step instructions, call the CHILD Profile Help Desk at 1-800-325-5599 or 206-205-4141.

Head Start/ECEAP Access

Do Head Start/ECEAP programs have access to the Registry?

Yes! Since June 2007, Registry access is available for all federal, tribal, and migrant Head Start and Washington State ECEAP programs to view immunization records. A pilot program in 2004 showed that Registry access for Head Start/ECEAP saves time and resources.

This specific group of child care facilities has been selected for Registry access because they meet the legal criteria of having a licensed health care provider on staff or providing services under contract and collecting valid medical records for health services, including immunizations and a bona fide need to know.

How do Head Start/ECEAP programs get access to the Registry?

A "Step-by-Step Guide" outlines the five steps necessary to complete the process for Immunization Registry access for Head Start/ECEAP programs. This guide can be found on the CHILD Profile Web site at www.childprofile.org. Look for the building block icon on the left side of the page. The process is easy to follow and is designed to be completed independently.

The process for Registry access begins by following the instructions outlined in the "Step-By-Step Guide" and the submission of a signed Information Sharing Agreement to CHILD Profile. Instructions for the agreement are outlined in Step Two of the Guide. (Please note: Information Sharing Agreements must be signed by the program director or authorized designee.)

If you still have technical questions after reading the five-step instructions, call the CHILD Profile Help Desk at 1-800-325-5599 or 206-205-4141. Head Start/ECEAP program specific questions may be directed to Pamela Johnson at the Washington State Department of Health Immunization Program CHILD Profile 360-236-3551 or Pamela.Johnson@doh.wa.gov.

Child Care Access

Do child care programs have access to the Registry?

Yes, under limited circumstances. A child care facility that has a licensed health care provider on staff (but do not fall under the specific criteria of Head Start or ECEAP) may get access to the Registry. Non-Head Start/ECEAP child care facilities that do not have a licensed health care provider on staff or on contract will not be given access to the Registry as they do not meet the current legal criteria.

If your non-Head Start/ECEAP child care facility has a licensed health care provider on staff or on contract and you want to explore the possibility of Registry access, contact Elizabeth Nucci at CHILD Profile at 206-263-8317 or elizabeth.nucci@kingcounty.gov.

Is there any way child care programs can access immunization information in the Registry?

Child care facilities can work with their local health jurisdiction child care health consultant who, with signed parental consent, can review and update immunization records.

Confidentiality of Records - Schools

The CHILD Profile Immunization Registry operates under the Washington State Health Care Information Act (RCW 70.02) as well as other state and federal laws that govern the use and sharing of health information. RCW 70.02 allows licensed health care professionals to exchange patient-specific health care information without patient/parental consent for the purpose of providing, coordinating, or facilitating health care, and for the purpose of preventing and controlling disease.

Key Points for School Nurses

1. Since school nurses are licensed health care providers, as described in RCW 70.02, and have a bona fide need to know the immunization status of students for the purpose of preventing or controlling disease, they are authorized to participate in the CHILD Profile Immunization Registry. An Information Sharing Agreement must first be signed by the school district and filed with the Washington State Department of Health.
2. Non-licensed school staff that are assigned by the school nurse and have signed a confidentiality agreement may utilize the Registry to obtain information for immunization documentation and verification.
3. In accordance with RCW 28A.210.100 and 28A.210.110, it is the parent's responsibility to submit immunization information to the school. In utilizing the CHILD Profile Immunization Registry, the school nurse or assignee is facilitating parent report. The school nurse will provide information from the Immunization Registry **to the parent** of the child for whom the information was obtained. The parent will be directed to review, amend if needed, sign, and submit it to the school.
4. It is unlawful for the school nurse or any assignee to submit information from the CHILD Profile Immunization Registry directly to the school.

Currently, school personnel have "view-access" to the Registry. Parent signature is not required to **view** data in the registry. **FERPA guides the school's authority to disclose information.** According to FERPA, a school nurse or assignee should have written parent consent to add immunization information to a child's record in the CHILD Profile Immunization Registry. In the future, the ability to enter data may be a function that becomes available to schools.

Any non-health professional assigned to use the Registry by a program nurse must sign a Confidentiality Agreement. Many nurses have also elected to sign the form. The signed Confidentiality Agreement should be held by the nurse at the school office (it does not need to be sent to CHILD Profile). A sample of the Confidentiality Agreement follows.

Confidentiality Agreement Sample (download at www.childprofile.org to fill out)

As a school employee and assignee of the licensed health care provider on staff, I understand that I am responsible for maintaining the confidentiality of any data/information collected, maintained, stored, or analyzed within CHILD Profile that I may handle during the course of my employment. Release of any data/information and documents must be in accordance with public disclosure or research laws and policies or other laws and policies controlling specific data/information.

I have read the *Confidentiality, Privacy, and School Access to the Immunization Registry* statement regarding disclosure to school nurses and understand the responsibilities I am assigned by the school nurse. I recognize and respect the confidential nature of any data/information I may have access to in using the CHILD Profile Immunization Registry. I will not at any time, nor in any manner, either directly or indirectly divulge, disclose, release, or communicate any confidential data/information to any third party outside the scope of my position unless authorized under the laws and policies indicated in the disclosure document. I recognize that maintaining confidentiality includes not discussing confidential data/information outside of the workplace. I agree to limit my own access to person-specific data in the CHILD Profile System to that which is necessary to perform my job duties.

I understand that if I discuss, release, or otherwise disclose confidential data/information outside of the scope of this policy through any means, I may be subject to disciplinary action, which may include termination of employment.

Employee Signature: _____ Date: _____ Printed Name: _____ Date Received by
School Nurse: _____

Prior to Registry access, a signed copy of this form completed by each assignee will be kept on file by the school nurse.

Confidentiality of Records - Head Start/ECEAP Programs

The CHILD Profile Immunization Registry operates under the Washington State Health Care Information Act (RCW 70.02) as well as other state and federal laws that govern the use and sharing of health information. RCW 70.02 allows licensed health care professionals to exchange patient-specific health care information without patient/parental consent for the purpose of providing, coordinating, or facilitating health care, and for the purpose of preventing and controlling disease.

Key Points for Program Nurses

1. Since program nurses are licensed health care providers, as described in RCW 70.02, and have a bona fide need to know the immunization status of students for the purpose of preventing or controlling disease, they are authorized to participate in the CHILD Profile Immunization Registry. An Information Sharing Agreement must first be signed by the grantee and filed with the Washington State Department of Health.
2. Non-licensed program staff that are assigned by the program nurse and have signed a confidentiality agreement may utilize the Registry to obtain information for immunization documentation and verification.
3. In accordance with RCW 28A.210.100 and 28A.210.110, it is the parent's responsibility to submit immunization information to the Head Start and/or ECEAP program. In utilizing the CHILD Profile Immunization Registry, the program nurse or assignee is facilitating parent report. The program nurse will provide information from the Immunization Registry **to the parent** of the child for whom the information was obtained. The parent will be directed to review, amend if needed, sign, and submit to the school.

Currently, most Head Start and/or ECEAP personnel have "view-access" to the Registry. Parent signature is not required to view_data in the Registry. Written parent consent is required for a program nurse or assignee to **add** immunization information to a child's record in the CHILD Profile Immunization Registry. In the future, the ability to enter data may be a function that becomes available to Head Start and/or ECEAP programs.

Any non-health professional assigned to use the Registry by a program nurse must sign a Confidentiality Agreement. Many nurses have also elected to sign the form. The signed Confidentiality Agreement should be held by the nurse at the program administration office (it does not need to be sent to CHILD Profile). A sample of the Confidentiality Agreement follows.

Confidentiality Agreement Sample (download at www.childprofile.org to fill out)

As a Head Start/ECEAP agency employee and assignee of the licensed health care provider on staff, I understand that I am responsible for maintaining the confidentiality of any data/information collected, maintained, stored, or analyzed within CHILD Profile that I may handle during the course of my employment. Release of any data/information and documents must be in accordance with public disclosure or research laws and policies or other laws and policies controlling specific data/information.

I have read the *Confidentiality, Privacy, and Head Start and/or ECEAP Access to the Immunization Registry* statement regarding disclosure to school nurses and understand the responsibilities to which I am assigned by the school nurse. I recognize and respect the confidential nature of any data/information I may have access to in using the CHILD Profile Immunization Registry. I will not at any time, nor in any manner, either directly or indirectly divulge, disclose, release, or communicate any confidential data/information to any third party outside the scope of my position unless authorized under the laws and policies indicated in the disclosure document. I recognize that maintaining confidentiality includes not discussing confidential data/information outside of the workplace. I agree to limit my own access to person-specific data in the CHILD Profile System to that which is necessary to perform my job duties.

I understand that if I discuss, release, or otherwise disclose confidential data/information outside of the scope of this policy through any means, I may be subject to disciplinary action, which may include termination of employment.

Employee Signature: _____ Date: _____ Printed Name: _____ Date Received by
Agency Nurse: _____

Prior to Registry access, a signed copy of this form completed by each assignee will be kept on file by the program nurse.

HIPAA and FERPA - Schools

HIPAA Considerations

Disclosures for Public Health under the Health Insurance Portability and Accountability Act (HIPAA)

The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Privacy Rule permits a covered entity (such as a health care provider) to disclose protected health information for public health activities and purposes without individual authorization (Section 164.512(b)(1)(i)). These activities include: "...for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or..." The U.S. Department of Health and Human Services' Office for Civil Rights guidance issued on December 4, 2002 further clarifies that the public health purpose does not need to be mandated by law (pp. 4–5).

Historically, only health care providers have been able to access the CHILD Profile Immunization Registry. In response to significant interest in broadening access to the Registry the matter was reviewed by the state Attorney General's Office. It was determined that school nurses and staff assigned by the school nurse would be able to use the Registry under the Washington State Health Care Information Act (RCW 70.02).

In accordance with RCW 28A.210.100 and 28A.210.110, it is the parent's responsibility to submit immunization information to the school. In utilizing the CHILD Profile Immunization Registry, the school nurse or assignee is facilitating parent report. The parent will be directed to review, amend if needed, sign, and submit the Certificate of Immunization Status to the school.

For access to the Registry, an Information Sharing Agreement **must** first be signed by the school district and filed with the Washington State Department of Health. In using the CHILD Profile Immunization Registry, school staff responsible for immunization documentation and verification must:

- Be a school nurse or be assigned by the licensed school nurse to access the Immunization Registry.
- Sign the CHILD Profile Confidentiality Agreement before accessing the Immunization Registry.
- Maintain the confidentiality of information derived from the CHILD Profile Immunization Registry as described in the Confidentiality, Privacy, and School Access document.
- Give the immunization record, history form, or Certificate of Immunization Status to the parent, guardian, or eligible student, for review, signature, and submission to the school, and not submit the form directly to the school without review.

FERPA Considerations

The Family Educational Rights and Privacy Act (FERPA) guides the school's authority to disclose information. According to FERPA, a school nurse or assignee should have written parent consent to add immunization information to a child's record in the CHILD Profile Immunization Registry. The current access level for school nurses and their assignees is "view only." No parent signature is required prior to accessing data in the Registry. The ability to enter data may be a function that becomes available to schools in the future.

Note: The above information is not intended to provide legal advice, and you are encouraged to seek your own counsel regarding HIPAA, FERPA, and Washington State laws.

HIPAA and FERPA – Head Start

HIPAA Considerations

Disclosures for Public Health under the Health Insurance Portability and Accountability Act (HIPAA)

The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Privacy Rule permits a covered entity (such as a health care provider) to disclose protected health information for public health activities and purposes without individual authorization (Section 164.512(b)(1)(i)). These activities include: "...for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or..." The U.S. Department of Health and Human Services' Office for Civil Rights guidance issued on December 4, 2002 further clarifies that the public health purpose does not need to be mandated by law (pp. 4–5).

Historically, only health care providers have been able to access the CHILD Profile Immunization Registry. However, the matter was reviewed by the state Attorney General's Office. It was determined that Head Start/ECEAP nurse consultants, as well as staff conducting immunization compliance activities under the direction of that program nurse, would be able to use the Registry under the Washington State Health Care Information Act (RCW 70.02).

In accordance with RCW 28A.210.100 and 28A.210.110, it is the parent's responsibility to submit immunization information to the Head Start and/or ECEAP program. In utilizing the CHILD Profile Immunization Registry, the program nurse or assignee is facilitating parent report. The parent will be directed to review, amend if needed, sign, and submit the Certificate of Immunization Status to the program.

For access to the Registry, an Information Sharing Agreement **must** first be signed by the grantee and filed with the Washington State Department of Health. In using the CHILD Profile Immunization Registry, program staff responsible for immunization documentation and verification must:

- Be a staff nurse/nurse consultant or be assigned by the licensed program nurse to access the Immunization Registry.
- Sign the CHILD Profile Confidentiality Agreement before accessing the Immunization Registry.
- Maintain the confidentiality of information derived from the CHILD Profile Immunization Registry, as described in the Confidentiality, Privacy, and School Access document.
- Give the immunization record, history form, or Certificate of Immunization Status to the parent or guardian for review, signature, and submission to the program, and not submit the form directly to the program without review.

FERPA Considerations

The Family Educational Rights and Privacy Act (FERPA) guides the program's authority to disclose information. According to FERPA, a program nurse or assignee should have written parent consent to add immunization information to a child's record in the CHILD Profile Immunization Registry. The current access level for program nurses and their assignees is "view only." No parent signature is required prior to accessing data in the Registry. The ability to enter data is a function that is available to Head Start and/or ECEAP programs on request with an amendment to the Information Sharing Agreement.

Note: The above information is not intended to provide legal advice, and you are encouraged to seek your own counsel regarding HIPAA, FERPA, and Washington State laws.

Retaining Records

Washington State law (RCW 28A.210.110) requires that schools, preschools, and child care facilities retain proof of immunization (Certificate of Immunization Status [CIS]) or Certificate of Exemption (COE) for each child as follows:

- Retain the CIS and COE records for at least the period of time that the child is enrolled in the school or attends the child care facility
- Retain, for at least three years from the time they were excluded, a record of the name, address, and date of exclusion of each child excluded from school or child care due to lack of immunization

Chapter 4

Additional Recommendations

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 - b. Sample Staff Immunization History Form
 - c. Sample Hepatitis B Consent/Waiver Form
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2. **Additional Vaccines Recommended for Children and Adolescents** (vaccines recommended, but not required)
 - Hepatitis A
 - Human Papillomavirus (HPV)
 - Influenza
 - Meningococcal
 - Rotavirus

Vaccine Recommendations and Policies for Staff

As a way to protect the health of staff members and prevent the spread of disease, schools, preschools, and child care facilities are encouraged to:

- Track the vaccination status of staff members to identify staff who are susceptible to certain vaccine-preventable diseases.
- Promote the vaccination of staff members in an effort to safeguard the school, preschool, and child care community.
- Exclude susceptible staff members during an outbreak (refer to your school or agency policies regarding whether sick leave can be taken during such an exclusion).

The Recommended Adult Immunization Schedule includes the following vaccines. Please check the schedule for age group.

- Hepatitis A
- Hepatitis B
- Human Papillomavirus
- Influenza
- Meningococcal
- MMR (protects against measles, mumps, and rubella)
- Pneumococcal (polysaccharide)
- Tdap (protects against tetanus, diphtheria, and pertussis [whooping cough])
- Varicella (chickenpox)
- Zoster

For more information about these diseases, see Chapter 5, Resources, “Vaccine-Preventable Diseases.”

Sample

Staff Immunization History Form

Name of Staff: _____

Staff Birthdate: _____

Measles*

One dose of live measles vaccine administered on or after one year of age; or laboratory evidence of measles immunity (not required of those born before January 1, 1957).

Date of Vaccine (mm/dd/yyyy): _____

Documentation of Measles Immunity

I certify that the person named above has laboratory evidence of immunity to measles virus and does not need measles vaccine.

Titer Result: _____

Health Care Provider Signature or Stamp _____

Date _____

Rubella*

One dose of rubella vaccine administered on or after one year of age; or laboratory evidence of rubella immunity (not required of those born before January 1, 1957).

Date of Vaccine (mm/dd/yyyy): _____

Documentation of Rubella Immunity

I certify that the person named above has laboratory evidence of immunity to rubella virus and does not need rubella vaccine.

Titer Result: _____

Health Care Provider Signature or Stamp _____

Date _____

Mumps*

Two doses of vaccine administered on or after one year of age (Not required of those born before January 1, 1957 or those who had mumps disease).

Dates of Vaccine Doses (mm/dd/yyyy): #1: _____

#2: _____

*Measles, Mumps, and Rubella are commonly administered together in the MMR vaccine.

Tetanus, Diphtheria, Pertussis (Tdap)/Tetanus-Diphtheria (Td)

One dose of Tdap should replace a single Td booster. After one dose of Tdap, adults should continue getting Td boosters every 10 years.

Date of Tdap Vaccine (mm/dd/yyyy): _____

Date of Td Vaccine (mm/dd/yyyy): _____

Varicella*

Two doses of varicella vaccine or history of chickenpox.

Dates of Vaccine Doses (mm/dd/yyyy): #1: _____ #2: _____

Date of Chickenpox Illness (mm/dd/yyyy): _____

I certify that the information provided above is correct.

Staff Signature _____ Date _____

Exemption

In the event of an outbreak of vaccine preventable disease from which you are exempt, you may be excluded from work for the duration of the outbreak. I am opposed to immunizations and claim the following (mark all that apply):

- Religious Exemption Personal Exemption
- I do not want to have any vaccines **OR**
- I do not want to receive the following vaccines:

Vaccine(s) _____

Staff Signature _____ Date _____

Sample

Hepatitis B Immunization Consent/Waiver Form

Staff Member's Name: _____ Date: _____

Employer's Name: _____

Staff Member's Address: _____

Staff Member's Position: _____

Please fill out and sign appropriately under:

- A. Consent to Vaccine **OR**
- B. Decline Vaccine **OR**
- C. Medical Exemption from Vaccine

A. Consent to Vaccine

I attended the hepatitis B education and training class on: _____ and _____
(date of class)

1. I understand a series of three injections of hepatitis B vaccine is needed for me to become protected from hepatitis B. (Occasionally, more vaccine is needed if the first series does not result in immunity.)
2. If I do not become protected from receiving the vaccine, or if I choose not to receive the vaccine at this time, I understand I will need post-exposure treatment if I have direct contact with blood or other body fluids at work.

I have read and understand the above information and wish to receive the hepatitis B vaccine series (three doses). Also, I confirm that I have **no known sensitivity to yeast**.

Staff Member's Signature _____ Date _____

B. Decline Vaccine

1. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have read and I understand the information listed above and DO NOT wish to receive the hepatitis B (three dose) series at this time.

Staff Member's Signature _____ Date _____

C. Medical Exemption from Vaccine

Mark the appropriate check box:

The staff member named in this document is exempt from hepatitis B vaccine.

Explanation:

The staff member named in this document has received the hepatitis B vaccine as follows:

Date of Dose #1 (mm/dd/yyyy):

Date of Dose #2 (mm/dd/yyyy):

Date of Dose #3 (mm/dd/yyyy):

Date of Dose #4 (mm/dd/yyyy):

Date of Dose #5 (mm/dd/yyyy):

Date of Dose #6 (mm/dd/yyyy):

The staff member named in this document is immune to hepatitis B virus as shown on the test results below:

Immune to anti-HBs (mm/dd/yyyy):

Immune to anti-HBs (mm/dd/yyyy):

Health Care Provider's Signature or Stamp

Date

In order to get the most updated version of the Adult Schedule, please print this document separately from the Internet. School and Child Care staff members are encouraged to follow the most recent Immunization Schedule:

- **2009 Recommended Adult Immunization Schedule**

English <http://www.doh.wa.gov/cfh/Immunize/documents/adultschedule09.pdf>

Español <http://www.cdc.gov/vaccines/recs/schedules/downloads/adult/2009/adult-schedule-sp.pdf>

Additional Vaccines Recommended for Children and Adolescents

The following vaccines are recommended for children and adolescents to provide the best protection from vaccine-preventable diseases. However, these vaccines are not currently required for school, preschool, or child care entry.

Infants

- Rotavirus
- Influenza – yearly, six months of age and older

Children

- Hepatitis A – not earlier than one year of age
- Influenza – yearly, up to the nineteenth birthday

Adolescents

- Human Papillomavirus
- Meningococcal
- Influenza – yearly, up to the nineteenth birthday

For more information on these diseases, see Chapter 5, Resources, “Vaccine-Preventable Diseases.”

Chapter 5

Resources

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In order to get the most updated versions of Resources, please print these documents separately from the Internet:

- **School Susceptible List (Exempt Children)**
English only
<http://www.doh.wa.gov/cfh/Immunize/documents/manualchap5.1a.pdf>
- **School Susceptible List (Need Follow-Up)**
English only
<http://www.doh.wa.gov/cfh/Immunize/documents/manualchap5.1b.pdf>

Sample Graduating Senior Letter

[INSERT DATE]

Dear Graduate:

Enclosed is your immunization record. Keep it in a safe place with your other important records — you may need it in the future. Employers, universities, community and technical colleges, as well as the military, may require a record of your immunizations. Talk to your doctor, nurse, or clinic to find out whether you have all the immunizations you need.

You may be due for one or more of the following recommended immunizations:

- **Tetanus, diphtheria, and pertussis (Tdap) vaccine**
The Tdap vaccine protects against tetanus, diphtheria, and pertussis (whooping cough). This vaccine should replace one tetanus-diphtheria (Td) booster. Talk to your doctor, nurse, or clinic to find out if you are due for a Tdap vaccination.
- **Human Papillomavirus (HPV) vaccine**
The Human Papillomavirus (HPV) vaccine protects against four types of the HPV virus, which cause 70 percent of cervical cancers and 90 percent of genital warts. Three doses of HPV vaccine are recommended for girls and women aged 9–26 years.
- **Meningococcal (meningitis) vaccine**
The meningococcal vaccine protects against four types of a bacteria that cause meningitis (swelling of the covering of the brain and spinal cord). This vaccine is recommended for all 11–18 year olds. The vaccine is also recommended for adults at high risk of getting the disease, such as college freshmen who live in dorms.
- **Travel vaccines**
If you are planning on traveling to countries outside of Canada or Western Europe, contact your doctor, nurse, or clinic to see if you need additional immunizations.

This is not a complete list of the vaccines recommended for young adults. For information on other recommended vaccines visit, www.doh.wa.gov/cfh/immunize/immunization/teens.htm.

Sincerely,

[INSERT NAME AND TITLE]

Sample Administrative Policy 6512

Administrative Procedure

Book: Administrative Procedure
Section: 6000 - Management Support
Title: Staff Immunization and Infectious Disease
Number: 6512AP
Status: Active
Legal: N/A

Adopted:

Last Revised:

Last Reviewed:

Policy Detail

The district is committed to protecting students and staff from the exposure to diseases that pose serious public health threats. School officials shall cooperate with the local health department, which has the discretion to institute appropriate measures to control or eliminate the spread of a disease in a school population.

At the same time, the district shall protect the staff member from discriminatory treatment in the event of a diagnostic health report or finding. The _____ County Health Department may exclude a staff member when they determine that the staff member's health condition is endangering others. All such information shall be treated as confidential.

Vaccine-Preventable Diseases

In order to safeguard the school community from the spread of certain communicable diseases, and in recognition that prevention is a means of combating the spreading of such diseases, the board requires that all susceptible school staff members, including volunteers, student teachers, and substitutes, complete an Immunization History form. (In regard to measles, "susceptible" means any staff member who was born after January 1, 1957). This document shall be collected and maintained by the personnel department.

A "susceptible" staff member may be exempt from the requirements for immunization by filing a written objection to such immunization on the basis of religious grounds or when a private physician certifies that the staff member's physical condition contraindicates immunization or when the staff member provides documentation of immunity by blood test. If a staff member needs to be immunized, s/he should contact a personal physician or clinic. Immunizations may also be available at a nominal cost from the county health department.

In the event of an outbreak of a vaccine-preventable disease in school, the local health officer has the authority to exclude a susceptible staff member who has not filed a record of immunization with the district. Exemptions granted for religious or medical reasons are not sufficient grounds for granting a waiver of exclusion. A staff member who is excluded is not eligible to receive personal illness leave benefits for such purposes unless s/he is ill or temporarily physically disabled.

Release of information regarding the testing, test results, diagnosis, or treatment of an employee for a sexually transmitted disease may only be made pursuant to an effective release and only to the degree permitted by the release. To be effective, a re-release must be signed and dated, must specify to whom the release may be made, and the time period for which the release is effective using the district form.

Sexually-Transmitted Diseases

School personnel who receive information that a staff member (hereinafter "employee") has been tested, diagnosed, or treated for a sexually transmitted disease, including HIV/AIDS, shall act in accordance with the following procedures:

1. A Release of Information form shall be completed and signed in order to disclose the information to those within the school who have a "need to know".
2. No disclosure is allowed until or unless the release form is completed. Disclosure is authorized only to those individuals specified on the form.
3. Generally, disclosure shall be requested for the following individuals: the employee's direct supervisor, school nurse, building administrator, director of personnel, and superintendent.
4. A signed release form shall be considered confidential and shall be maintained in the administrator's desk or personal file cabinet.
5. If disclosure is provided to the director of personnel, s/he shall immediately communicate with the employee and request the employee to provide a statement from the employee's personal physician regarding the employee's current health condition and/or disability.
6. An employee who has contracted a sexually transmitted disease, including HIV/AIDS, shall be permitted to work, upon approval from the employee's personal physician and the district's designated health officer, _____ County Health Department.
7. An employee may apply for and be granted personal illness leave when approved by the employee's personal physician.
8. An employee may request and be granted return from personal illness leave when approved by the employee's personal physician, the personnel department, and, when deemed appropriate, the district's designated health officer, _____ County Health Department.
9. When appropriate, the employee's immediate supervisor, the director of personnel, and, if necessary, the employee's personal physician shall meet and confer to determine the extent to which "reasonable accommodations" may be necessary due to the employee's disability.
10. Should the employee in question refuse to release information regarding a sexually transmitted disease, any informed school personnel should discuss the situation with the appropriate school administrator without disclosing the identity of the infected employee. School administrators who receive information that an unidentified employee may be infected with a sexually transmitted disease shall inform the superintendent/ designee.

Information Control Program

The district's infection control program shall be consistent with WAC 296-62-08001--Blood-borne Pathogens--and the Guidelines for Implementation of Hepatitis B and HIV School Employee Training published by the Superintendent of Public Instruction.

All employees with reasonably anticipated on-the-job exposure to blood or other potentially infectious material shall be identified. Potentially infectious human body fluids are blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult to differentiate between body fluids. Examples of employees with reasonably anticipated risk of exposure include, but are not limited to:

- school nurses
- teachers and assistants in classrooms for the developmentally disabled, the institutionalized, or group home residents
- bus drivers and bus assistants of such students,
- communication disorders specialists for such students
- coaches or assistants who provide first aid, and
- first aid providers.

All job duties should be evaluated for the risk of exposure to blood or potentially infectious material. The district shall maintain a list of job classifications with reasonably anticipated exposure to blood or other potentially infectious material.

All employees identified as having reasonably anticipated exposure to blood or other potentially infectious material shall be offered the hepatitis B vaccine at the district's expense.

If an employee has a specific exposure to blood or other potentially infectious material, the district shall provide a free and confidential medical evaluation and follow-up performed by an appropriately trained and licensed health care professional. Any necessary post-exposure treatment shall be provided.

Employees with reasonably anticipated exposure to blood and other potentially infectious material shall participate in district- provided training within ten (10) days of employment and annually. The training shall include:

- a general description of blood borne diseases
- an explanation of modes of transmission of blood borne pathogens
- an explanation on the use and limitations of methods of control
- information about personal protective equipment
- information on the hepatitis B vaccine
- a description of procedures to follow if an exposure incident occurs
- an explanation of signs, labels, tags, and color coding used to designate biohazards
- where to obtain a copy of WAC 296-62-08001--Bloodborne Pathogens
- an explanation of the district's infection control plan and how to obtain a copy
- how to identify tasks and activities that may involve exposure to blood or other potentially infectious material
- appropriate actions to take in emergencies involving blood or other potentially infectious material.

The training shall be provided by a qualified person and shall include opportunities for questions.

The district shall provide training to all employees regarding HIV/AIDS. The training shall be provided by within six (6) months of initial employment. The training shall include:

- history and epidemiology of HIV/AIDS
- methods of transmission of HIV
- methods of prevention of HIV infection, including universal precautions for handling body fluids
- current treatment for symptoms of HIV and prognosis of disease prevention
- State and Federal laws barring discrimination against persons with HIV/AIDS, and
- State and Federal laws regulating the confidentiality of a person's HIV antibody status.

Significant new discoveries or changes in accepted knowledge regarding HIV/AIDS shall be transmitted to employees within one (1) calendar year of notification from the Superintendent of Public Instruction, unless the Department of Health notifies the district that prompt dissemination of the information is required.

The hepatitis B vaccination status and records regarding any occupational exposure, if any, shall be kept in strict confidence during employment, plus thirty (30) years, for any employee with reasonably anticipated exposure to blood or other potentially infectious material. The records of occupational exposures shall include:

- the employee's name and social security number
- the employee's hepatitis B vaccination status
- examination results, medical testing, and follow-up procedure records
- the health care professional's written opinion
- a copy of information provided to the health care professional

The district shall also keep records of training sessions, including the dates, a summary of the material, names and qualifications of the trainers, and names of employees attending the training. These records shall be kept for three (3) years.

Sample Board Policy 6512

Board Policy

Book:	Board Policy
Section:	6000 - Management Support
Title:	Staff Immunization and Infectious Disease
Number:	6512
Status:	Active
Legal:	<u>Legal Reference:</u> RCW 28A.210.010 Contagious Diseases, Limiting Contact--Rules and Regulations WAC 246-110-001 Control of Communicable Disease WAC 296-823 Blood-borne Pathogens WAC 392-198 Training--School Employees--HIV/AIDS

Adopted:

Last Revised:

Last Reviewed:

Policy Detail

In order to safeguard the school community from the spread of certain vaccine-preventable diseases and other infectious diseases, and in recognition that prevention is a means of combating the spread of disease, the board requires that susceptible school staff members, as defined in WAC 246-110, including volunteers, provide evidence of immunity against TD (tetanus-diphtheria) and MMR (measles, mumps, and rubella). For the purpose of this policy, in regard to measles, "susceptible" means any staff member who was born after January 1, 1957.

The board encourages all staff members, including substitutes, student teachers, and volunteers to contact their personal physician, clinic, or the Spokane Regional Health District to become immunized for vaccine-preventable diseases. A "susceptible" staff member may be exempt from the requirements for immunization by filing a written objection to such immunization on the basis of religious grounds, when a private physician certifies that the staff member's physical condition contraindicates immunization, or when the staff member provides documentation of immunity by blood test.

In the event of an outbreak of a vaccine-preventable disease in school, the local health officer has the authority to exclude a susceptible person(s), including school staff. Exemptions granted for religious or medical reasons or those without an acceptable

immunization record on file may be excluded, as these staff are considered susceptible. If excluded, he/she is not eligible to receive sick leave benefits because of the exclusion itself. To qualify for benefits he/she must be ill or temporarily physically disabled.

A staff member who knows s/he has contracted a medically diagnosed reportable disease that could be transmitted in the school setting is expected to notify the superintendent or building principal immediately. A reportable disease must be reported to the local health officer.

The fact that a staff member has been tested for a sexually transmitted disease, the test results, and any information relating to the diagnosis or treatment of a sexually transmitted disease must be kept strictly confidential. Information may be disclosed pursuant to the restrictions in the release form.

The district is committed to protecting students and staff from the exposure to serious public health threats. At the same time, the district will protect the staff member from discriminatory treatment in the event of any diagnostic health report or finding. A staff member may be excluded by the superintendent/designee when the staff member has been diagnosed by a physician or is suspected of having an infectious disease: when it is determined that the staff member's health condition is endangering others; the environment has become a danger to him/her; or, the staff member is too ill to work. After the staff member's sick leave has been exhausted, the staff member may, at the board's discretion, be granted a leave of absence without pay until further diagnosis has been made by the employee's physician. The superintendent/designee and physician(s) shall confer to determine the extent to which reasonable accommodation may be necessary as a result of the disability. A staff member may be permitted to return from leave upon the recommendation of the regional health district officer and the staff member's private physician.

The superintendent/designee shall evaluate all job duties of district employees to determine which employees have reasonably anticipated on-the-job exposure to blood or other potentially infectious material. The district shall maintain a list of job classifications where employees have reasonably anticipated exposure to blood or other potentially infectious materials. The Hepatitis B vaccine shall be provided at the district's expense to all employees identified as having risk of directly contacting blood or other potentially infectious material at work.

In the event that an employee has a specific exposure to blood or other potentially infectious material, the employee shall, at district expense, be provided with confidential medical evaluation, follow-up, and treatment, if indicated.

The district shall provide annual training to all employees with reasonable anticipated exposure to blood or other potentially infectious material. All employees shall receive district-provided training on HIV/AIDS within six months of initial employment.

Records shall be kept in strict confidence regarding the Hepatitis B vaccine status of all employees with reasonable anticipated exposure to blood or other potentially infectious material. The records shall be kept for the duration of the employee's employment, plus thirty (30) years. The district shall also keep records that employees have received appropriate training.

In order to get the most updated versions of Resources, please print these documents separately from the Internet. Some of these are long documents, so check first to see if you need to print them.

Child Care Resources

- **Child Care Susceptible List (Exempt Children)**
English only <http://www.doh.wa.gov/cfh/Immunize/documents/manualchap5.2a.pdf>
- **Child Care Susceptible List (Need Follow-Up)**
English only <http://www.doh.wa.gov/cfh/Immunize/documents/manualchap5.2b.pdf>
- **Keep On Track Chart**
English only <http://www.doh.wa.gov/cfh/Immunize/documents/keepontrack09.pdf>

Laws and Regulations

- **Washington Administrative Code**
English only <http://www.doh.wa.gov/cfh/Immunize/documents/manualchap5.3a.pdf>
- **Revised Code of Washington**
English only <http://www.doh.wa.gov/cfh/Immunize/documents/manualchap5.3b.pdf>

Vaccine Resources

- **Vaccine-Preventable Diseases**
English only <http://www.doh.wa.gov/cfh/Immunize/documents/manualchap5.4a.pdf>
- **Vaccine Trade Names**
English only <http://www.doh.wa.gov/cfh/Immunize/documents/manualchap5.4b.pdf>
- **Foreign Language Terms: Aids to translating foreign immunization records**
English only <http://www.doh.wa.gov/cfh/Immunize/documents/manualchap5.4c.pdf>

References

- **Glossary of Immunization and Public Health Terms**
English only <http://www.doh.wa.gov/cfh/Immunize/documents/manualchap5.5a.pdf>

Immunization Program CHILD Profile School and Child Care Resources

Your local health jurisdiction is your first resource

Local health jurisdiction office phone: () _____

If you cannot get the help you need from your local health jurisdiction, try the following resources:

Washington State Department of Health

Phone: 360-236-3595
1-866-397-0337 (toll free)

Fax: 360-236-3590
1-866-630-2691 (toll free)

Assessment Coordinator

Ros Arthun

Phone: 360-236-3527

E-mail: ros.aarthun@doh.wa.gov

CHILD Profile Immunization Registry Access for Schools and Head Start/ECEAP

Pamela Johnson

Phone: 360-236-3551

E-mail: pamela.johnson@doh.wa.gov

Health Educator

Sonja Dordal

Phone: 360-236-3812

E-mail: sonja.dordal@doh.wa.gov

Public Health Nurse Consultants

Debbie Carlson

Phone: 360-236-3540

Cell: 360-701-3656

E-mail: debbie.carlson@doh.wa.gov

Shana Johnny

Phone: 360-236-3698

Cell: 360-791-5909

E-mail: shana.johnny@doh.wa.gov

Free Immunization Information and Educational Materials

Order hard copies: <https://fortress.wa.gov/prt/printwa/wsprt/default.asp>

Ordering instructions: www.doh.wa.gov/cfh/immunize/vaccine/ordering-materials.htm

Download electronic copies: www.doh.wa.gov/cfh/immunize



Local Health Jurisdiction Contact List

For an updated list, visit www.doh.wa.gov/LHJMap/LHJMap.htm or www.doh.wa.gov/PHIP/phdirectory/docs/directory.pdf.

Washington State Local Health Jurisdiction Contact List		
<u>Adams County</u> 108 West Main Ritzville, WA 99169 (509) 659-3315	<u>Asotin County</u> 431 Elm Clarkston, WA 99403 (509) 758-3344	<u>Benton-Franklin County</u> 412 West Clark Street Pasco, WA 99301 (509) 460-4200
<u>Chelan-Douglas County</u> 200 Valley Mall Parkway East Wenatchee, WA 98802 (509) 886-6400	<u>Clallam County</u> 223 E 4 th Street, Ste. #14 Port Angeles, WA 98362 (360) 417-2274	<u>Clark County</u> 1601 E Fourth Plain Blvd. Vancouver, WA 98661 (360) 397-8000
<u>Columbia County</u> 1010 South 3 rd Street Dayton, WA 99328 (509) 382-2181	<u>Cowlitz County</u> 1952 Ninth Avenue Longview, WA 98632 (360) 414-5599	<u>Ferry County</u> (see Northeast Tri County Health District)
<u>Garfield County</u> 10 th and Columbia PO Box 130 Pomeroy, WA 99347 (509) 843-3412	<u>Grant County</u> Courthouse, 35 C Street NW PO Box 37 Ephrata, WA 98823 (509) 754-6060	<u>Grays Harbor County</u> 2109 Sumner Avenue, Ste. #100 Aberdeen, WA 98520 (360) 532-8665
<u>Island County</u> PO Box 5000 Coupeville, WA 98239 (360) 679-7350	<u>Jefferson County</u> 615 Sheridan Street Port Townsend, WA 98368 (360) 385-9400	<u>Kitsap County</u> 345 6th Street Bremerton, WA 98337 (360) 337-5235
<u>Kittitas County</u> 507 N Nanum Street, Ste. #102 Ellensburg, WA 98926 (509) 962-7515	<u>Klickitat County</u> 228 W Main Street, MSCH- 14 Goldendale, WA 98620 (509) 773-4565	<u>Lewis County</u> Health Services Bldg. 360 NW North Street, MS:HSD03 Chehalis, WA 98532 (360) 740-1223 Toll-free public use only: 1-800-562-6130
<u>Lincoln County</u> 90 Nicholl Street Davenport, WA 99122 (509) 725-2501	<u>Mason County</u> 303 North Fourth, Bldg. 4 Shelton, WA 98584 (360) 427-9670	<u>Northeast Tri County Health District</u> 240 E Dominion Colville, WA 99114 (509) 684-5048 Toll-free: 1-800-827-3218
<u>Okanogan County</u> 1234 South 2 nd Avenue Okanogan, WA 98840 (509) 422-7140	<u>Pacific County</u> 1216 W Robert Bush Dr. PO Box 26 South Bend, WA 98586 (360) 875-9343	<u>Pend Oreille County</u> (see Northeast Tri County Health District)

Washington State Local Health Jurisdiction Contact List

<u>San Juan County</u> 145 Rhone Street PO Box 607 Friday Harbor, WA 98250 (360) 378-4474	<u>Seattle/King County</u> 401 5 th Avenue, Ste. #1300 Seattle, WA 98104 (206) 296-4600 Toll-free: 1-800-325-6165	<u>Skagit County</u> Courthouse Admin Bldg., Room #301 700 South Second Street Mount Vernon, WA 98273 (360) 336-9380
<u>Snohomish County</u> 3020 Rucker Avenue, Ste. #203 Everett, WA 98201 (425) 339-5210	<u>Spokane County</u> West 1101 College Avenue Spokane, WA 99201 (509) 324-1500 Toll-free: 1-888-535-0597	<u>Stevens County</u> (see Northeast Tri County Health District)
<u>Tacoma/Pierce County</u> 3629 South D Street Tacoma, WA 98418 (253) 798-6500	<u>Thurston County</u> 412 Lilly Road NE Olympia, WA 98506 (360) 786-5581	<u>Wahkiakum County</u> 64 Main Street PO Box 696 Cathlamet, WA 98612 (360) 795-6207
<u>Walla Walla County</u> 314 West Main Street Walla Walla, WA 99362 (509) 524-2650	<u>Whatcom County</u> 509 Girard Street PO Box 935 Bellingham, WA 98227 (360) 676-6720	<u>Whitman County</u> Public Service Building North 310 Main Street Colfax, WA 99111 (509) 397-6280
<u>Yakima County</u> 104 North First Street Yakima, WA 98901 (509) 575-4040 Toll-free: 1-800-535-5016		

This manual is available online at www.doh.wa.gov/cfh/Immunize/schools/school-manual.htm

Washington State Immunization Program
P.O. Box 47843
Olympia, WA 98504-7843
360-236-3595
1-866-397-0337

DOH Pub # 348-124

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDDTTY 1-800-833-6388).