

2010-2011 DTaP/DT/Td/Tdap Requirements

During the last 10 years, pertussis or whooping cough has become a more pressing public health concern. This year, because of a sevenfold increase over last year,



California has declared a pertussis epidemic, with 2,774 confirmed cases reported so far, including 9 infant deaths. In Washington State during 2005-2009, there was an average of 527 cases of whooping cough reported each year. So far in 2010, the Department of Health has received reports of 294 persons with whooping cough, including 52 children under one year of age. Twenty two babies under three months of age have been hospitalized, and two have died from the disease. Most of these children have become ill since the beginning of summer.

The best way to prevent pertussis is to get vaccinated! To prevent outbreaks, we need to keep immunization rates high in our state.

For the 2010-2011 school year, students in grades K-12 must have 5 doses of DTaP. Students in 6th, 7th, 8th, and 9th grade who are 11 years or older must show that they received a Tdap vaccine if it has been 5 years or more since they got a Td vaccine. If students are 10 years old when starting 6th grade, they will be required to have a Tdap when they reach their 11th birthday. Find the Tdap Implementation Plan at:

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

The 2010-2011 *Vaccines Required Chart for School Attendance* show the requirements for DTaP, DT, Td, and Tdap. You can find more detailed information about the rules of vaccination and exceptions in the *Individual Vaccine Requirements Summary*. We also created a *Frequently Asked Questions* sheet for these vaccines. We hope these documents will give extra guidance to school staff reviewing immunization requirements. These documents will be available online in the near future

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in the *Immunization Manual for Schools, Preschools, and Child Care Facilities*:
<http://www.doh.wa.gov/cfh/immunize/schools/school-manual.htm>.

**Thank you for your commitment to
Washington's children
to make us a healthier and safer place
to live and work!**

Vaccines Required Charts Simplified for 2010-2011

To make the charts simpler and easier to read, we revised the **2010-2011**:

- *Vaccines Required Charts for School Attendance, Grades K-12* and
- *Vaccines Required Charts for Child Care/Preschool Attendance*

On the front, the charts have a simple table with doses required and, on the back, information about minimum ages and intervals.

Vaccination rules and exceptions are complex! We moved detailed information to a separate document called *Individual Vaccines Requirement Summary*. Here you will find more vaccination rules and exceptions.



This document will be available online in the near future. We hope you find it helpful!

We want your feedback! Contact Trang Kuss at trang.kuss@doh.wa.gov with your ideas.

Clarification of Td Requirements

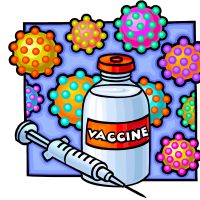
The 2010-2011 *Vaccines Required Chart for School Attendance* and the *Individual Vaccine Summary* show that Td is required for 10th, 11th, and 12th grade students. We have received many questions from school staff who are wondering why they were not aware of this "new" requirement and why an implementation plan was not developed.

Protection from tetanus and diphtheria has always been a requirement for students. School requirements follow the recommendations of the Advisory Committee on Immunization Practices (ACIP). Students who have not had a Td (or Tdap) in 10 years are not protected. For a list of diseases students must be protected against, go to: <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-105-030>.

The requirement for Td was not previously clearly written in guidelines and resources provided by the DOH Immunization Program CHILD Profile. According to the Tdap Implementation Plan <http://www.doh.wa.gov/cfh/immunize/documents/tdapimplementplan.pdf>, all students need a minimum of Td. Since Tdap is required for students entering 6th, 7th, 8th, and 9th grades for

this school year, then Td is required for students in 10th, 11th, and 12th grades. This requirement applies to students who have not received a Td or Tdap since their primary DTaP/DT series in childhood. For example, a 10th grade student who had a DTaP at 5 years of age may not have had any protection from diphtheria or tetanus since that time. Staff who identifies students as needing a Td should recommend to parents that a Tdap be given instead. School staff, during their routine review of immunization records, should notify parents if the student is out of compliance with the requirements for DTaP/DT, Td, or Tdap.

We apologize for the confusion. We are working with software vendors to make sure they have the correct information for programming their tracking systems.



Update on IPV School Requirements



On August 7, 2009, the national Advisory Committee on Immunization Practices (ACIP) updated their recommendations for vaccinating with the inactivated poliovirus (IPV) vaccine. Find more information on ACIP's IPV recommendations at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5830a3.htm>.

The **current** IPV vaccine requirements for children attending preschool, child care, and school use the 2008 ACIP immunization schedule. This fall, the State Board of Health will consider rulemaking to change the reference to the 2010 ACIP schedule. The change would be effective on July 1, 2011. Here is a comparison of the previous and updated recommendations:

Comparison of ACIP Polio Recommendations

Before 8/7/09 (consistent with the 2008 Immunization Schedule)	After 8/7/09 (consistent with the 2010 Immunization Schedule)
Routine immunization schedule: <ul style="list-style-type: none"> • 2 months • 4 months • 6-18 months • 4-6 years 	Routine immunization schedule: <ul style="list-style-type: none"> • 2 months • 4 months • 6-18 months • 4-6 years
Minimum interval: <ul style="list-style-type: none"> • Minimum age for Dose 1 is age 6 weeks • At least 4 weeks between Dose 1 and Dose 2, Dose 2 and Dose 3, and Dose 3 and Dose 4 • Dose 4 may be given as early as 18 weeks 	Minimum interval: <ul style="list-style-type: none"> • Minimum age for Dose 1 is age 6 weeks • At least 4 weeks between Dose 1 and Dose 2, and Dose 2 and Dose 3 • At least 6 months between Dose 3 and Dose 4 • Dose 4 must be given ≥4 years of age

After ACIP updates or sets new recommendations, the State Board of Health (SBOH) must approve any changes to school, preschool, and child care requirements in Washington State. In the next few months, SBOH will discuss changes in the IPV requirements. These possible changes will not go into effect until **the 2011-2012 school year**.

Health care providers have been aware of this change since it was published in August 2009. The Centers for Disease Control and Prevention intend this change to be implemented with the 4th dose of polio vaccine administered on August 7, 2009 and after. They do not want to invalidate doses that were considered valid at the time it was administered. We already updated CHILD Profile. The vaccine forecast works like this:

- For children who got IPV before August 7, 2009:
 - The 4th dose of IPV is valid if given before age 4
 - Dose 3 and Dose 4 must be separated by at least 4 weeks
- For children who got IPV on August 7, 2009 or after:
 - One dose of IPV is required at 4 years of age or older (no matter how many doses the child had before age 4)
 - Dose 3 and Dose 4 must be separated by at least 6 months

Because of these changes, schools using CHILD Profile to review records may show a student needing an IPV when the student is **NOT** out of compliance. We will send other updates as we work with the SBOH on this new recommendation.

Flu News



Did you know? The best way to protect against the flu is to get vaccinated each year. Flu vaccine is available, so be sure to protect yourself, your students, and your families from the flu. Schools can help reduce the risk of flu by:

- Encouraging flu vaccination for all students and staff
- Suggesting early treatment for people at higher risk for flu complications
- Supporting good health manners by students and staff – washing your hands, covering your cough, and staying home when you're sick
- Separating sick and well people as soon as possible

School administrators should often remind students, their families, and staff about the importance of these recommendations. The Centers for Disease Control and Prevention recommends annual flu vaccinations for everyone aged six months and older as soon as the vaccine is available, especially for those at higher risk of flu-related problems. Even if you get the vaccine now, you will be protected against the flu virus throughout the flu season. The good news for the 2010-2011 flu season is that H1N1 has been added to the flu vaccine along with two other strains of flu.

For additional information and resources:

- Department of Health Flu News (www.doh.wa.gov/FluNews/default.htm#types).
- Centers for Disease Control and Prevention general flu information (www.cdc.gov/flu/)

Reporting Requirements



Washington State law requires all public and private schools, preschools, and licensed child care centers complete and file an Immunization Status Report every year by November 1st. Complete and send the report online here: <https://fortress.wa.gov/doh/immenu/>

- For schools: <http://www.doh.wa.gov/cfh/immunize/documents/348-014a.pdf>
- For preschools/licensed childcares: <http://www.doh.wa.gov/cfh/immunize/documents/348-002a.pdf>

We do not accept faxed reports. Facilities without computer access must complete a hard copy report and mail it in to the address on the report form. Download a copy of the report here:

Find the *Vaccines Required Charts* for schools and for preschools and childcares at: <http://www.doh.wa.gov/cfh/immunize/schools/vaccine.htm>

Questions about reporting requirements? Contact:
Ros.Aarthun@doh.wa.gov or Chrystal.Averette@doh.wa.gov

Questions about vaccine requirements? Contact
Trang.Kuss@doh.wa.gov

Certificate of Immunization (CIS) and Certificate of Exemption (COE)

How do schools and child cares get copies of the CIS?

We sent the CIS to public school districts and private schools in May 2010 based on 10% of student enrollment. School districts should have sent these on to all their schools. We also sent copies of the CIS to child care coordinators at the Department of Early Learning (DEL) and to Head Start and Early Childhood Education and Assistance Programs.

You don't need to throw out the old versions of the CIS. Be sure to use them up first. Also, remind staff that students with a CIS already on file do not need to transfer their record to the new CIS.

How do schools and child cares get copies of the COE? The Certificate of Exemption (COE) can be downloaded at:

<http://www.doh.wa.gov/cfh/immunize/forms/default.htm>.

Reminders:

- Health care providers must sign the CIS only if the student needs documentation of disease history, such as chickenpox.
- Health care providers must sign the COE for medical exemptions only.
- A parent or guardian must sign the COE for religious or philosophical exemptions.

Download copies of the CIS and COE in any of the 21 languages at
<http://www.doh.wa.gov/cfh/immunize/forms/default.htm>.

CHILD Profile: An Immunization Resource for Schools



Have you ever wished your school could access students' immunization histories?

Have you ever had a family ready to register their child at your school only to find that they do not have an immunization record?

CHILD Profile can help! The CHILD Profile Immunization Registry is a statewide, secure database that health care providers across Washington State use to record and track a child's immunizations. School nurses and other staff (assigned by the school nurse) can also use the Registry to look up and print a student's immunization history. Use CHILD Profile to print a student's Certificate of Immunization Status (CIS) for families to review, sign, and turn in to the school.

If your school does not have access, find our easy step-by-step guide online at www.childprofile.org. Call our Help Desk with your questions: 1-800-325-5599.

Already Using CHILD Profile? Back to School Information for Users

Welcome back to CHILD Profile! Have you forgotten your password? Or did it expire over summer break? No problem! If CHILD Profile has your e-mail address on file, we'll email you a new one if you visit www.childprofile.org and click on *Forgot Password*. Then, after you log on with this new password, CHILD Profile will ask you to pick your own password. You can also simply call the Help Desk at 1-800-325-5599 and our staff will re-set your password. They can look up your user name too!

School nurses must update CHILD Profile user accounts at the beginning of each school year (and as needed throughout the year). If a staff person with an account has left your school or no longer needs access to CHILD Profile, be sure to inactivate his or her account by calling the Help Desk at 1-800-325-5599.



To get a new account, send CHILD Profile a Web Account Information form. Download the form here:
www.childprofile.org (click on *Registry Access for Schools* and

select *Step 5 Getting Your User Account*). Please do not share user account details among staff.

Remember that any school employee (who is not a licensed health care professional) must be assigned to use CHILD Profile by your school nurse. They must also sign a Confidentiality Statement that your school district files. The statement is attached to your District's Information Sharing Agreement (Appendix D). Go to www.childprofile.org and click on *Registry Access for Schools* to download a copy.

Need help? Find training resources at www.childprofile.org and click on *Registry Access for Schools*. For more help, call Anne Curtis at the Registry Help Desk at 1-800-325-5599.

Reminder: State Law Requires Meningococcal and HPV Information



In our state, every public and private school must give parents information about Meningococcal disease and vaccine, and Human Papillomavirus (HPV) disease and vaccine.

This law (RCW [28A.210.080](#)) says that the information must be given at the beginning of every school year, starting with students attending sixth grade. The information must include:

- Causes and symptoms
- How the disease spreads
- Where to find more information
- Where to get immunizations
- Current recommendations from the Centers for Disease Control and Prevention about getting the vaccines and where to get them

We have Sample Letters that schools can use as a guide for creating their own. Find the samples at:

<http://www.doh.wa.gov/cfh/immunize/forms/default.htm>.

School Implementation and Exemption Monitoring Project Update

We continue to work on the School Best Practices Project, which was funded through an American Recovery and Reinvestment Act grant. The first part of the project focuses on changing the CHILD Profile Immunization Registry School Nurse Reporting Module to make it available to schools by December 2011. Eventually, this module will replace the IMMENU database that schools and child cares currently use to turn in their annual Immunization Reports. We expect to make changes to the module through the winter. We plan to begin training staff at pilot schools to use the new system in the fall of 2011.

A second part of the project is to compare CIS forms turned in by parents (with self-reported immunization history) with validated immunization records from the CHILD Profile Immunization Registry. We want to see if there is a difference between the two records – and if so, how much of a difference. Consent forms were sent to pilot schools at the end of August 2010. After we get the signed consent forms, we will work with the schools to get a copy of the CIS forms that have the parent-reported list of vaccines. We'll write about the progress of this project in future newsletters.

School, Preschool and Child Care Immunization Manual Review



We hope to finish our review of the Immunization Manual for Schools, Preschools, and Child Care Facilities by the end of October. This review will assure that all information is accurate for this school year.

We'll make other changes during the year based on suggestions you have sent us. Contact Trang Kuss at trang.kuss@doh.wa.gov with any other feedback.

Find the manual at:

<http://www.doh.wa.gov/cfh/immunize/documents/schoolmanual09.pdf>.

We want to make this a useful tool for school, preschool, and child care staff.

Special School and Preschool/Child Care Populations

Be sure to check out the Immunization Manual for Schools, Preschools, and Child Care Facilities! The manual has lots of useful information. Find it here:

<http://www.doh.wa.gov/cfh/immunize/schools/school-manual.htm>.

We get a lot of questions about special student populations, including students in virtual schools, in foster care, homeless, refugees and immigrant, and international students. The following information is taken from the Immunization Manual about these special populations.

Useful Links

DOH IPCP Website

<http://www.doh.wa.gov/cfh/immunize/default.htm>

School and Child Care Listserv:

<http://listserv.wa.gov/cgi-bin/wa?A0=WA-IMMUNIZATION-INFO>

ASK A NURSE

ImmuneNurses@doh.wa.gov

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

Because many diseases spread through the air, the principle of “sharing air space” is fitting for students in alternative programs. Such programs include home-schooling, Running Start, and distance learning. If the student is “sharing air space” with other students, he or she must follow school immunization

requirements. “Sharing air

space” includes riding the school bus or going into the school building for any activity, such as music, drama, or sports.

These students in alternative programs must have a signed Certificate of Immunization Status (CIS) on file at the school.

The student must show:

- Full immunization for his or her age or grade,
- Satisfactory progress toward full immunization, or
- A signed Certificate of Exemption (COE)

Foster Care Students

Foster children or children in the process of adoption can get routine medical services with their foster parent’s permission. Medical services include getting immunizations and signing the Certificate of Immunization Status (CIS). Foster parents must

tell the social worker of all known health information specific to that child. (Reference: WAC 388-148-0350)

Homeless Students

Schools must allow homeless students to enroll, attend classes, and fully take part in school activities even if the student does not have immunization records. After a student enrolls, the homeless coordinator must help to either get the student immunized or find his or her immunization records. A student is homeless if he or she meets the definition as explained in the McKinney-Vento law.

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.”

Schools cannot keep out homeless students because they lack immunization records.

Refugees and Immigrant Students

Students who are refugees and immigrants from another country must follow the same rules as all other students and have a completed CIS on file at the school they attend.

International Students

International students must follow the same rules as all other students and have a completed CIS on file at the school they attend. This includes short-term international students. The school must have the CIS before their first day of school. Host parents of international students act as legal guardians and may sign a CIS. However, by law they cannot take the student to get immunized unless they have notarized permission from the student’s parents to do so, or if the student is 18 years or older.

We strongly recommend that the CIS be filled out as part of pre-registration for all international students. Schools should also give copies of the CIS to agencies that sponsor international students. The agency can then include the CIS when they arrange student visits. In other words, completing the CIS should become a regular part of the application process. School districts can already know if these students are in compliance with immunization requirements when he or she arrives in Washington State.