Welcome to the School and Child Care Requirements Updates and Immunization Catch-Up Schedule Webinar

- For technical difficulties, call 1-888-259-8414, press 1.
- During this webinar, everyone will be placed on mute.
- Please type in any questions in the question box. We will answer questions at the end of the presentation.
- The webinar will be recorded. The presentation, registration to access the recording, and evaluation will be available after today’s webinar here: www.doh.wa.gov/YouandYourFamily/Immunization/ImmunizationNews/ImmunizationTraining/ImmunizationCatchUpScheduleWebinar
SCHOOL AND CHILD CARE IMMUNIZATION REQUIREMENTS UPDATES AND IMMUNIZATION CATCH-UP SCHEDULE

WA Department of Health

June 18, 2019
Continuing Education Disclosure

The planners and speakers of this activity have no relevant financial relationships with any commercial interests pertaining to this activity.
Meet Your Presenters

Katherine Graff, RN, BSN
School and Child Care Nurse Consultant

Trang Kuss, RN, MN, MPH
Immunization Nurse Consultant
Today’s Topics

• Provide updates to school and child care immunization requirements
• Describe common immunization catch-up schedule scenarios
• Discuss common immunization rules and exceptions to these rules
• Provide appropriate resources
SCHOOL AND CHILD CARE IMMUNIZATION REQUIREMENTS
Immunization Laws

• Children attending school and childcare must be immunized against certain vaccine-preventable diseases at ages and intervals according to the national immunization schedule. RCW 28A.210.080, 246-105 WAC

• All students must have a completed and signed Certificate of Immunization Status (CIS) on file at the school.

• If parents request an exemption from the immunization requirements they must also submit a completed Certificate of Exemption (COE).

• It is the duty of the school’s chief administrator to exclude students who are not in compliance with the immunization laws. RCW 28A.210.120
Recommended vs. Required

**ACIP Recommended**
- Hepatitis B
- DTaP
- Tdap
- IPV
- MMR
- Varicella
- PCV
- Hib
- Hepatitis A
- HPV
- Meningococcal
- Flu
- Rotavirus

**WA State Required**
- Hepatitis B
- DTaP
- Tdap (grade 6-12)
- IPV
- MMR
- Varicella
- PCV (for preschool/child care)
- Hib (for preschool/child care)
INDIVIDUAL VACCINE REQUIREMENTS SUMMARY
Guidelines on Immunizations Required for Child Care/Preschool and School Entry in Washington State
SCHOOL YEAR 2019-2020

INTRODUCTION

The Individual Vaccine Requirements Summary is a companion piece to the Vaccines Required charts for child care/preschool and school entry. The purpose of the summary is to assist school and child care staff and those working with student information systems to understand state immunization requirements and the immunization schedule. Both the requirements and schedule are based on the recommendations of the national Advisory Committee on Immunization Practices (ACIP).

Requirements are listed in alphabetical order by vaccine. In each section, you will find detailed information about the immunization schedule and the exceptions to the schedule. Exceptions may apply when vaccine administration errors occur or when the ACIP recommendations are not followed.

Find the ACIP schedules here: [www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html)

Available on our website: [https://www.doh.wa.gov/SCCI](https://www.doh.wa.gov/SCCI)
INDIVIDUAL VACCINE REQUIREMENTS SUMMARY

SCHOOL YEAR 2019-2020

POLIO (IPV, OPV), continued

Rules of Vaccination and Exceptions

1. The United States only uses IPV for polio vaccination. Students coming from a foreign country may have gotten OPV. Starting on April 1, 2016 OPV no longer provides protection against all three strains of the poliovirus therefore only OPV administered before April 1, 2016 can be counted as a valid dose in the series. Schools are NOT required to do a retrospective review of all students currently enrolled. If schools find a currently enrolled student with an invalid OPV follow-up with the family to get additional IPV doses if needed.
2. Polio vaccine is not recommended for routine administration to persons ≥18 years of age. Students ≥18 years of age are not required to get doses of polio vaccine.
3. The Advisory Committee on Immunization Practices updated polio recommendations on August 7, 2009. This date is used in the school immunization requirement and by the WA State Immunization Information System to calculate future doses in its forecasting algorithm.
4. Kindergarten through 8th grade
   a. If a student got Dose 4 on or after Aug 7, 2009:
      i. Dose 1 must be given ≥6 weeks of age.
      ii. The interval between Doses 1, 2, and 3 must be ≥4 weeks each.
      iii. Dose 4 must be given ≥4 years of age.
      iv. Dose 4 must be separated from Dose 3 by ≥6 months.
      v. Exception: Dose 4 is not required if dose 3 was given on or after the 4th birthday. The interval between Dose 2 and Dose 3 must be ≥6 months.
   b. If a student got Dose 4 before Aug 7, 2009:
      i. Dose 1 must be given ≥6 weeks of age.
      ii. Interval between Doses 1, 2, 3, and 4 must be ≥4 weeks each.
      iii. Dose 4 must be given ≥18 weeks of age.
      iv. Exception: Dose 4 is not required if dose 3 was given on or after the 4th birthday. The interval between Dose 2 and Dose 3 must be ≥4 weeks.
5. 9th – 12th grade
   a. Dose 1 must be given ≥6 weeks of age.
   b. Interval between Doses 1, 2, 3, and 4 must ≥4 weeks each.

IVRS: Individual Vaccine Requirements Summary

https://www.doh.wa.gov/SCCI
There are no changes from the 18-19 school year.
## Vaccines Required for Child Care/Preschool Attendance

**July 1, 2019 – June 30, 2020**

<table>
<thead>
<tr>
<th></th>
<th>Hepatitis B</th>
<th>DTaP (Diphtheria, Tetanus, Pertussis)</th>
<th>Hib (<em>Haemophilus influenzae</em> type B)</th>
<th>Polio</th>
<th>PCV (Pneumococcal Conjugate)</th>
<th>MMR (Measles, Mumps, Rubella)</th>
<th>Varicella (Chickenpox)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>By 3 Months</strong></td>
<td>2 doses</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>Not given before 12 months of age</td>
<td>Not given before 12 months of age</td>
</tr>
<tr>
<td>(on or before last day of mo 2)</td>
<td>2 doses May get Dose 1 at birth and Dose 2 as early as 1 month of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>By 5 Months</strong></td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses May get Dose 2 as early as 4 months of age</td>
<td>2 doses</td>
<td>Not given before 12 months of age</td>
</tr>
<tr>
<td>(on or before last day of mo 4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>By 7 Months</strong></td>
<td>2 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>2 doses</td>
<td>3 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(on or before last day of mo 6)</td>
<td>2 doses May get Dose 3 as early as 6 months of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>By 16 Months</strong></td>
<td>2 doses</td>
<td>3 doses</td>
<td>4 doses</td>
<td>2 doses</td>
<td>4 doses*</td>
<td>1 dose May get Dose 1 as early as 12 months of age OR Healthcare provider verified disease</td>
<td></td>
</tr>
<tr>
<td>(on or before last day of mo 15)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>By 19 Months</strong></td>
<td>3 doses</td>
<td>4 doses</td>
<td>4 doses</td>
<td>3 doses</td>
<td>4 doses*</td>
<td>1 dose</td>
<td></td>
</tr>
<tr>
<td>(on or before last day of mo 18)</td>
<td>May get Dose 4 as early as 12 months as long as 6 months separate Dose 3 and Dose 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>By 7 Years</strong></td>
<td>3 doses</td>
<td>5 doses</td>
<td>Not given after 5 years of age unless child has medical condition</td>
<td>4 doses</td>
<td>Not given after 5 years of age unless child has medical condition</td>
<td>2 doses</td>
<td></td>
</tr>
<tr>
<td>(on or before last day of year 6) or by Kindergarten Entry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- School-aged children (K-12) in before and after-school programs must meet the immunization requirements for their grade in school.
- Find information on other vaccines recommended, but not required, for child care/preschool attendance: [www.immunize.org/cdc/schedules/](http://www.immunize.org/cdc/schedules/)
- Review the Individual Vaccine Requirements Summary for more detailed information: [https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization](https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization)

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).
# VACCINES REQUIRED FOR K-12 SCHOOL ATTENDANCE 2019-2020

**VACCINES REQUIRED FOR SCHOOL ATTENDANCE, GRADES K-12**
July 1, 2019 – June 30, 2020

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>Kindergarten - 5th Grade</th>
<th>6th – 8th Grade</th>
<th>9th - 12th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td>3 doses</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dose 3 must be given on or after 24 weeks of age</td>
<td></td>
</tr>
<tr>
<td>Diptheria, Tetanus, and Pertussis (DTaP)</td>
<td></td>
<td>5 doses</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(4 doses only IF 4th dose given on or after 4th birthday)</td>
<td></td>
</tr>
<tr>
<td>Diptheria, Tetanus, and Pertussis (Tdap)</td>
<td>Not Required</td>
<td>1 dose Tdap if 11 years of age or older (see page 2 for more details)</td>
<td></td>
</tr>
<tr>
<td>Polio (IPV, for OPV see page 2)</td>
<td></td>
<td>4 doses</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3 doses only IF 3rd dose given on or after 4th birthday)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The final dose given on or after August 7, 2009, must be given on or after 4 years of age AND a minimum interval of 6 months from the previous dose.</td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, and Rubella</td>
<td></td>
<td>2 doses</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td>2 doses</td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Healthcare provider verified disease history</td>
<td></td>
</tr>
</tbody>
</table>

The rules for hepatitis B are now the same for all students
The rules for hepatitis B are now the same for all students.
Diphtheria, Tetanus and Pertussis

Tdap is required for all students who are 11 years old and in grades 6 – 12.
Tdap – Coming Soon:

The new 2019 ACIP recommendation is that DTaP or Tdap administered inadvertently or as part of a catch-up schedule to a child age 7-10 should not be considered valid as the age 11 booster. Another Tdap should be administered on or after 11 years of age.
The previous age and interval rules for polio can only be applied to students in 9\textsuperscript{th} - 12\textsuperscript{th} grade.
• Dose 4 if given on or after 8/7/2009
• Must be given at ≥ 4 years
• And separated from dose 3 by ≥ 6 months

K-8th grade

Polio

• Dose 4 if given before 8/7/2009
• Dose 1 given at ≥ 6 weeks
• Dose 4 must be given ≥ 18 weeks
• 4 week minimum interval must separate all doses

K-8th grade

Polio
OPV

There are 3 types of wild poliovirus.

- Wild poliovirus type 2 was declared eradicated in 2015.
- OPV contains live, attenuated polioviruses which has a small risk of causing vaccine-derived polioviruses (cVDPV).
- 04/01/16 the world changed from tOPV to bOPV (types 1 and 3 only)
- The US has used IPV (types 1, 2 and 3) exclusively since 2000
- **OPV administered on or after 04/01/2016 is not considered a valid dose in the US schedule.**
# MMR and Varicella

## VACCINES REQUIRED FOR SCHOOL ATTENDANCE, GRADES K-12
**July 1, 2019 – June 30, 2020**

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>Kindergarten - 5th Grade</th>
<th>6th – 8th Grade</th>
<th>9th - 12th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td>3 doses</td>
<td></td>
</tr>
<tr>
<td>Diphtheria, Tetanus, and Pertussis (DTaP)</td>
<td></td>
<td>5 doses (4 doses only IF 4th dose given on or after 4th birthday)</td>
<td></td>
</tr>
<tr>
<td>Diphtheria, Tetanus, and Pertussis (Tdap)</td>
<td></td>
<td>Not Required</td>
<td>1 dose Tdap if 11 years of age or older (see page 2 for more details)</td>
</tr>
<tr>
<td>Polio (IPV, for OPV see page 2)</td>
<td></td>
<td>4 doses (3 doses only IF 3rd dose given on or after 4th birthday)</td>
<td>4 doses (3 doses only IF 3rd dose given on or after 4th birthday)</td>
</tr>
<tr>
<td>Measles, Mumps, and Rubella</td>
<td></td>
<td>2 doses</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td>2 doses OR</td>
<td>Healthcare provider verified disease history</td>
</tr>
</tbody>
</table>

*The final dose given on or after August 7, 2009, must be given on or after 4 years of age AND a minimum interval of 6 months from the previous dose.*
MMR & Varicella

- 2 doses required
- Dose 1 must be ≥ age 1
- Dose 2 must have a minimum interval of 28 days from dose 1
- Live vaccine (MMR, MMRV, Varicella, LAIV) not given on the same day must be ≥ 28 days apart

Varicella Disease

- Provider verification of disease by:
  - Titer showing immunity
  - Disease documented in WAIS or on a CIS printed from the IIS
  - Provider documents on hardcopy CIS
  - Provider letter

K-12th grade

Measles

K-12th grade

Varicella
EXEMPTIONS
EHB 1638

- Effective July 28, 2019
- Removes the Personal/Philosophical exemption for MMR, all existing personal to MMR exemptions will be invalid
- Requires licensed child care staff and volunteers to
  - have evidence of MMR vaccine OR
  - Proof of immunity to measles by titer of HCP attestation of disease

Information about the new law and FAQs: www.doh.wa.gov/mmrexemption.
Certificate of Exemption (COE)

A child may be exempted from one or more required immunizations, **RCW 28A.210.090**.

To request an exemption, a parent/guardian must give a completed and signed Certificate of Exemption (COE) to the school or childcare.

The COE is created by the Department of Health. It can be downloaded from this website: [https://www.doh.wa.gov/SCCI](https://www.doh.wa.gov/SCCI)
Types of Exemptions

- Philosophical/Personal
- Religious
- Religious Membership
- Medical
Philosophical/Personal and Religious

- Philosophical/Personal Exemption:
  - To be used when the parent/guardian has a personal or philosophical objection to the immunization of the child.
  - This may not be used to be exempt from the MMR requirements.

- Religious Exemption:
  - To be used when the parent/guardian has a religious belief that is contrary to the required immunization.

Both of these require parent/guardian and healthcare practitioner signatures.

Healthcare practitioner is a MD, DO, NP, PA or ARNP licensed in WA State
Personal/Philosophical or Religious Exemption

I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. (Select an exemption type and the vaccinations you wish to exempt your child from):

<table>
<thead>
<tr>
<th>PERSONAL/PHILOSOPHICAL EXEMPTION*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
</tr>
<tr>
<td>Polio</td>
</tr>
</tbody>
</table>

*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law

<table>
<thead>
<tr>
<th>RELIGIOUS EXEMPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
</tr>
<tr>
<td>Polio</td>
</tr>
</tbody>
</table>

Parent/Guardian Declaration

One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

Parent/Guardian Name (print) ________________ Parent/Guardian Signature ________________ Date ________________

Health Care Practitioner Declaration

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State, and the information provided on this form is complete and correct.

Licensed Health Care Practitioner Name (print) ________________ Licensed Health Care Practitioner Signature ________________ Date ________________

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA Washington License # ________________

Personal or Religious Exemption

- Use for parent requested exemptions or alternate schedules
- Needs parent and Health Care Practitioner signatures
Religious Membership Exemption

- To be used when the parent/guardian affirms membership in a church or religious body that does not allow any medical treatment of the child.
  - No healthcare practitioner signature is required.
  - Parents/guardians who have a religious objection to vaccination but whose children do obtain care from medical professionals need to use the Personal/Philosophical/Religious Exemption box of the COE which requires a healthcare practitioner signature.
Religious Membership Exemption

Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

Parent/Guardian Declaration
I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

Name of church or religion of which you are a member:

Parent/Guardian Name (print)  Parent/Guardian Signature  Date

Religious Membership Exemption

• Use ONLY if parent belongs to a church or religion that does not allow ANY medical treatment
• School does NOT need to verify the named religion
• Needs parent signature but does not need HCP signature
Medical Exemption

- Granted by a healthcare practitioner when in their opinion the vaccine is not advisable for the child.

- Contraindications to vaccines can be found:
  - Recommendations of the Advisory Committee on Immunization Practices: [www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm](http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm)
  - Vaccine manufacturer’s package insert

- Permanent or Temporary.
  - Both require healthcare practitioner and parent/guardian signatures.
  - When a temporary exemption ends the child has 30 days to get the vaccine or another exemption.
**Medical Exemption**

- Should NOT be used for parent requested exemptions or alternate schedules
- Needs parent and Health Care Practitioner signatures

---

### Medical Exemption

A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in his or her judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, “Guide to Vaccine Contraindications and Precautions,” or the manufacturer’s package insert. The ACIP guide can be found at: [www.cdc.gov/vaccines/hivos/acip-recs/general-recs/contraindications.htm](http://www.cdc.gov/vaccines/hivos/acip-recs/general-recs/contraindications.htm)

Please indicate which vaccine antigen(s) the medical exemption is referring to. If the patient is not exempt from certain antigen(s), mark “not exempt:”.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Not Exempt</th>
<th>Permanent Exempt</th>
<th>Temporary Exempt</th>
<th>Expiration Date for Temporary Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pertussis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Health Care Practitioner Declaration**

I declare that vaccination for the disease(s) checked above is not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State, and the information provided on this form is complete and correct.

- [Licensed Health Care Practitioner Name (print)]
- [Licensed Health Care Practitioner Signature]
- [Date]

- [MD] [ND] [DO] [ARNP] [PA] [Washington License #]

**Parent/Guardian Declaration**

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

- [Parent/Guardian Name (print)]
- [Parent/Guardian Signature]
- [Date]
Medical Exemption Table

- Indicate if each disease vaccine antigen is not exempt, permanently exempt or temporarily exempt
- If temporarily exempt write in the expiration date
Certificate of Exemption Poll Question

Can children with a personal exemption from the MMR requirements in place before the law changed continue to use this exemption?

A. Yes, prior exemptions are grandfathered
B. No, the previous exemption is no longer valid
C. I don’t know
WAIIS SCHOOL MODULE ROLL-OUT
Relationship of the School Module to the Immunization Information System (IIS)

**Healthcare Provider Access**
- View Records
- Print CIS
- Add/Edit records & contraindications
- Run clinic & patient reports

**School (View Only Access)**
- View Records
- Print CIS

**School Module Access**
- View Records
- Print CIS
- Add records
- Run school-specific reports & parent letters
Policy Update

The State Board of Health is considering updating the school and child care rules in Chapter 246-105 WAC

Potential rulemaking will likely include the review of:
- Immunization documentation.
- Conditional Status.
- 2019 ACIP immunization Schedule Reference.

Send comments and sign up for notifications:
Email: Alexandra.Montano@sboh.wa.gov
Subject line: Immunizations
Questions?
Feedback!
Email us!

OICPSchools@doh.wa.gov

Website:
https://www.doh.wa.gov/SCCI
School and Child Care Listserve


1. Sign in with email and name
2. Click *Add Subscriptions* button
3. Click the + to open *Immunization*
4. Check *School Nurses* and/or *Childcare and Preschool*
5. Click *Submit*
IMMUNIZATION CATCH-UP SCHEDULE
Immunization Catch-Up Schedule

National childhood and adolescent immunization schedule

- Children who are more than 1 month or 1 dose behind schedule should be on an accelerated (catch-up) schedule
- Use minimum ages and minimum intervals between each dose
- Once back on schedule, use the recommended ages and intervals on the childhood schedule
Immunization Catch-Up Schedule

CDC Job Aids

Vaccine Catch-Up Guidance

CDC has developed catch-up guidance job aids to assist health care providers in interpreting Table 2 in the childhood and adolescent immunization schedule.

- Pneumococcal Conjugate Vaccine (PCV) Catch-Up Guidance for Children 4 Months through 4 Years of Age  [3 pages]
- Haemophilus influenzae type b-Containing Vaccines Catch-Up Guidance for Children 4 Months through 4 Years of Age
  - Hib vaccine products: ActHIB, Pentacel, Hiberix, or unknown  [3 pages]
  - Hib vaccine products: PedvaxHIB vaccine only  [2 pages]
- Diphtheria-, Tetanus-, and Pertussis-Containing Vaccines Catch-Up Guidance for Children 4 Months through 6 Years of Age  [2 pages]
- Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines Catch-Up Guidance for Children 7 through 18 Years of Age  [2 pages]
CDC Vaccine Schedules App

www.cdc.gov/vaccines/schedules/hcp/schedule-app.html#download

Download the App

Note: If you previously downloaded the app, check that you have version 6.0.1 with 2019 schedules and footnotes.

Download "CDC Vaccine Schedules" free for iOS and Android devices.

Product Specs

Version: 6.0.1
Requirements: Requires iOS 9.0 or later and Android 8.0 or later; optimized for tablets and useful on smartphones.

Updates: Changes in the app are released through app updates.

Download app free for iOS
Available on the App Store

Download app free for Android
Android APP ON Google play
1. Hib vaccines include: PRP-T (ActHib®, Hiberix®) and PRP-OMP (PedvaxHib®).
2. The recommended immunization schedule for Hib vaccines is shown below:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>2 Months</th>
<th>4 Months</th>
<th>6 Months</th>
<th>12-15 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRP-T (ActHib, Hiberix)</td>
<td>Dose 1</td>
<td>Dose 2</td>
<td>Dose 3</td>
<td>Booster</td>
</tr>
<tr>
<td>PRP-OMP (PedvaxHib)</td>
<td>Dose 1</td>
<td>Dose 2</td>
<td></td>
<td>Booster</td>
</tr>
</tbody>
</table>
### Immunization Catch-Up Schedule – Hib

**Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age**

**Haemophilus influenzae type B Vaccines: ActHIB, Pentacel, Hiberix, or Unknown**

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses is</th>
<th>AND</th>
<th>AND</th>
<th>AND</th>
<th>THEN</th>
<th>Next Dose Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown or 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age**

**Haemophilus influenzae type b Vaccines: PedvaxHIB Vaccine Only**

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND</th>
<th>AND</th>
<th>THEN</th>
<th>Next Dose Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 through 6 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 through 11 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 through 14 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Immunization Catch-Up Schedule – Hib

- Children starting late may not need 3 or 4 dose series
- Number of doses child requires depends on current age and age when dose 1 was administered
- **No further doses needed** if at least one dose was administered at age 15 months or older

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Dose 1 to Dose 2</th>
<th>Minimum Interval Between Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Haemophilus influenzae</em> type b</td>
<td>6 weeks</td>
<td>No further doses needed if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.</td>
<td></td>
</tr>
</tbody>
</table>

**Table 2 Catch-Up Schedule**

[National childhood and adolescent immunization schedule](#)
## Immunization Catch-Up Schedule – Hib

### Hib Doses Required Chart

The final booster dose should be given no earlier than age 12 months and a minimum of 8 weeks after the previous dose.

<table>
<thead>
<tr>
<th>Doses before age 12 months</th>
<th>Doses on or after age 12 months</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>1</td>
<td>Complete</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>Complete</td>
</tr>
</tbody>
</table>
| 1                          | 1                               | Needs 1 Booster Dose  
   if Dose 2 given before 15 months of age |
| 0                          | 1                               | Needs 1 Booster Dose  
   if Dose 1 given before 15 months of age |
| 4                          | 0                               | Needs 1 Booster Dose |
| 3                          | 0                               | Needs 1 Booster Dose |
| 2                          | 0                               | Needs 1 Booster Dose |
| 1                          | 0                               | Needs 1 Booster Dose  
   Must be at least 15 months of age  
   If Dose 2 is given before 15 Months, Dose 3 is needed |
| 0                          | 0                               | Needs 1 Dose  
   Must be at least 15 months of age |
# Immunization Catch-Up Schedule – PCV

**Catch-Up Guidance for Healthy** Children **4 Months through 4 Years of Age**

**Pneumococcal Conjugate Vaccine: PCV**

The table below provides guidance for children whose vaccinations have been delayed. Start with the child’s age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at [www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html).

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses is</th>
<th>AND</th>
<th>THEN</th>
<th>Next dose due</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 through 6 months</td>
<td>0 or unknown</td>
<td>→</td>
<td>Give Dose 1 today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td>1</td>
<td>→</td>
<td>It has been at least 4 weeks since Dose 1</td>
<td>Give Dose 2 today</td>
<td>Give Dose 3 at least 4 weeks after Dose 2</td>
</tr>
<tr>
<td>1</td>
<td>→</td>
<td>It has not been at least 4 weeks since Dose 1</td>
<td>No dose today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td>2</td>
<td>→</td>
<td>It has been at least 4 weeks since Dose 2</td>
<td>Give Dose 3 today</td>
<td>Give Dose 4 (Final Dose) at 12 months of age or older</td>
</tr>
<tr>
<td>2</td>
<td>→</td>
<td>It has not been at least 4 weeks since Dose 2</td>
<td>No dose today</td>
<td>Give Dose 3 at least 4 weeks after Dose 2</td>
</tr>
<tr>
<td>0</td>
<td>→</td>
<td>Give Dose 1 today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Dose 1 was given before 7 months of age</td>
<td>→</td>
<td>It has been at least 4 weeks since Dose 1</td>
<td>Give Dose 2 today</td>
</tr>
<tr>
<td>1</td>
<td>Dose 1 was given at 7 months of age</td>
<td>→</td>
<td>It has not been 4 weeks since Dose 1</td>
<td>No dose today</td>
</tr>
<tr>
<td>1</td>
<td>Dose 1 was given at 8 months of age</td>
<td>→</td>
<td>It has been at least 4 weeks since Dose 1</td>
<td>Give Dose 2 today</td>
</tr>
<tr>
<td>1</td>
<td>Dose 1 was given at 9 months of age</td>
<td>→</td>
<td>It has not been at least 4 weeks since Dose 1</td>
<td>No dose today</td>
</tr>
<tr>
<td>1</td>
<td>Dose 1 was given at 10 months of age</td>
<td>→</td>
<td>It has been at least 4 weeks since Dose 1</td>
<td>Give Dose 2 today</td>
</tr>
<tr>
<td>1</td>
<td>Dose 1 was given at 11 months of age</td>
<td>→</td>
<td>It has not been at least 4 weeks since Dose 1</td>
<td>No dose today</td>
</tr>
</tbody>
</table>
Immunization Catch-Up Schedule – PCV

- Children starting late may not need 4 dose series
- Number of doses child requires depends on current age and age when dose 1 was administered
- **No further doses needed** if at least one dose was administered at age 24 months or older

---

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Dose 1 to Dose 2</th>
<th>Minimum Interval Between Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumococcal conjugate</td>
<td>6 weeks</td>
<td>No further doses needed for healthy children if first dose was administered at age 24 months or older.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 weeks&lt;br&gt;if first dose administered before the 1st birthday.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 weeks (as final dose for healthy children) &lt;br&gt;if first dose was administered at the 1st birthday or after.</td>
<td></td>
</tr>
</tbody>
</table>

Table 2 Catch-Up Schedule
National childhood and adolescent immunization schedule
# Immunization Catch-Up Schedule – PCV

<table>
<thead>
<tr>
<th></th>
<th>PCV Doses Required Chart</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doses before Age</strong></td>
<td><strong>Doses on or after</strong></td>
</tr>
<tr>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>(8 weeks after # 2)</td>
</tr>
<tr>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
| 1                    | 1                         | Needs 1 dose 8 weeks after Dose 2  
If Dose 2 was received ≤ 24 months of age |
| 0                    | 1                         | Needs 1 dose 8 weeks after Dose 1  
If Dose 1 was received ≤ 24 months of age |
| 4                    | 0                         | Needs 1 dose 8 weeks after Dose 4  |
| 3                    | 0                         | Needs 1 dose 8 weeks after Dose 3  |
| 2                    | 0                         | Needs 1 dose 8 weeks after Dose 2  |
| 1                    | 0                         | Needs 2 doses (8 weeks apart) if age 12 - 23 months  
Needs 1 dose if ≥ 24 - 59 months of age |
| 0                    | 0                         | Needs 2 doses (8 weeks apart) if age 12 - 24 months  
Needs 1 dose if ≥ 24 - 59 months of age |
CDC PneumoRecs VaxAdvisor App

www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html
### Immunization Catch-Up Schedule – DTaP/Tdap/Td

**Catch-Up Guidance for Children 4 Months through 6 Years of Age**

**Diphtheria-, Tetanus-, and Pertussis-Containing Vaccines: DTaP/DT**

The table below provides guidance for children whose vaccinations have been delayed. Start with the child’s age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at [www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html).

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses of DTaP or DT is</th>
<th>AND</th>
<th>THEN</th>
<th>Next dose due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known or 0</td>
<td>Give Dose 1 (DTaP) today</td>
<td></td>
<td>Give Dose 2 (DTaP) at least 4 weeks after Dose 1</td>
<td></td>
</tr>
<tr>
<td>Unknown or 0</td>
<td>It has been at least 4 weeks since Dose 1</td>
<td></td>
<td>Give Dose 2 (DTaP) today</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has not been at least 4 weeks since Dose 1</td>
<td></td>
<td>No dose today</td>
<td></td>
</tr>
<tr>
<td>4 months</td>
<td>Give Dose 2 (DTaP) today</td>
<td></td>
<td>Give Dose 3 (DTaP) at least 4 weeks after Dose 2</td>
<td></td>
</tr>
<tr>
<td>through 11 months</td>
<td>It has not been at least 4 weeks since Dose 2</td>
<td></td>
<td>Give Dose 3 (DTaP) today</td>
<td></td>
</tr>
</tbody>
</table>

**Catch-Up Guidance for Children 7 through 18 Years of Age**

**Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td**

The table below provides guidance for children whose vaccinations have been delayed. Start with the child’s age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at [www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html).

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses of DTaP, DT, Tj, or Td is</th>
<th>AND</th>
<th>AND</th>
<th>AND</th>
<th>THEN</th>
<th>Next dose due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known or 0</td>
<td>Give Dose 1 (Tdap) today</td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 2 (Td) at least 4 weeks after Dose 1</td>
<td></td>
</tr>
<tr>
<td>Unknown or 0</td>
<td>It has been at least 12 months of age</td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 2 (Td) at least 4 weeks after Dose 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has not been at least 4 weeks since Dose 1</td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 3 (Td) at least 6 calendar months after Dose 3</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>It has been at least 12 months of age</td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 3 (Td) at least 6 calendar months after Dose 3</td>
<td></td>
</tr>
<tr>
<td>7 through 18 years</td>
<td>It has not been at least 4 weeks since Dose 1</td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 3 (Td) at least 6 calendar months after Dose 3</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>It has been at least 4 weeks since Dose 1</td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 3 (Td) at least 6 calendar months after Dose 3</td>
<td></td>
</tr>
</tbody>
</table>

---

**CDC DTaP/Tdap/Td Job Aid**
Immunization Catch-Up Schedule – DTaP/Tdap/Td

Please remember! DTaP for children under 7 years of age; Tdap 7 years and older

DTaP dose 1 given before 12 months of age

Complete the series with one Tdap and 2 Tds

4 total doses of DTaP, Tdap, Td

Tdap is required

DTaP dose 1 given on or after 12 months of age

Complete the series with one Tdap and one Td

3 total doses of DTaP, Tdap, Td

Tdap is required
Immunization Catch-Up Schedule – DTaP/Tdap/Td Poll Question

- 8 year old Rebekah
- Received the following DTaP doses:
  - Dose 1 at 2 months of age
  - Dose 2 at 4 months of age
- What does Rebekah need at this time?
  - Tdap plus Td 6 months later
  - DTaP
  - Td
  - Tdap only
Immunization Catch-Up Schedule – DTaP/Td/Tdap

**TdAP**
- Give as initial dose for children without previous DTaP

**Td**
- 1 month after Tdap

**Td**
- 6 months after previous Td
Immunization Catch-Up Schedule – IPV

**Complete series:**

**4 doses**
- Last dose on or after 4 years of age
- 6 months interval between final doses

**3 doses**
- Last dose given on or after 4 years of age
- 6 months interval between final doses
Exceptions to the Rule – IPV

Dose 4 given before August 7, 2009

- 4 weeks between each dose
- Minimum age for dose 4: 18 weeks

Dose 4 given on or after August 7, 2009

- 4 weeks between doses 1, 2, 3
- 6 months between dose 3 and 4
- Minimum age for dose 4: 4 years or older
Immunization Catch-Up Schedule – HPV

HPV Vaccination Algorithm

Use this algorithm to determine how many doses of HPV vaccine a patient needs.

1. Previous HPV vaccination?
   - Yes
     - Was 1st dose received before 15th birthday?
       - Yes
         - How many doses has patient received?
           - 1
             - Give 2nd dose 6-12 months after first*
           - 2
             - Give 1 or 2 more doses for a total of 3 doses (0, 1-2, 6 months)
       - No
         - Patient’s current age?
           - 9-14 years
             - Give 2 doses (0, 6-12 months)
           - 15-26 years
             - Give 3 doses (0, 1-2, 6 months)
     - No
       - Note: Any combination of 4vHPV or 9vHPV vaccine products spaced at the recommended intervals is acceptable.

2. If patient is immunocompromised or has HIV, give 3 doses of HPV vaccine at 0, 1-2, 6 months regardless of age.

www.doh.wa.gov/Portals/1/Documents/Pubs/348-613-HPVVaccinationAlgorithm.pdf

www.doh.wa.gov/hpv
IMMUNIZATION RULES AND EXCEPTIONS
Immunization Rules and Exceptions to Rules – Resources at your fingertips

- General Best Practice Guidelines for Immunizations
- Immunization Action Coalition Ask the Experts
- Individual Vaccine Requirements Summary
- Vaccine Standing Orders (templates from Immunization Action Coalition)
- IIS forecast
Immunization Rules and Exceptions to Rules – Live Vaccines

- Two or more live vaccines (MMR, Varicella, FluMist) not administered on the same day should be separated by at least 28 days.

- If two live vaccines are separated by less than 28 days, the second vaccine administered should be repeated at least 4 weeks later.

- Exceptions: oral live vaccines, such as OPV, rotavirus, and typhoid vaccines, don’t affect other live vaccines.
Immunization Rules and Exceptions to Rules – Minimum Intervals and Ages

Administer vaccines according to the recommended schedule for optimal protection, but if behind schedule, use the minimum age and interval to catch-up.

Minimum interval is shorter than the recommended interval between doses; the shortest time allowed for optimal protection between two vaccine doses.

Minimum age is the earliest age that a dose can be given.

Give a repeat dose after the minimum interval has been met.

Even though there’s a minimum interval, there’s no maximum interval. Never restart the series.
# Immunization Rules and Exceptions to Rules – Minimum Ages and Intervals

**TABLE 3-1. Recommended and minimum ages and intervals between vaccine doses**

<table>
<thead>
<tr>
<th>Vaccine and dose number</th>
<th>Recommended age for this dose</th>
<th>Minimum age for this dose</th>
<th>Recommended interval to next dose</th>
<th>Minimum interval to next dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP-1[^a]</td>
<td>2 months</td>
<td>6 weeks</td>
<td>8 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>DTaP-2</td>
<td>4 months</td>
<td>10 weeks</td>
<td>8 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>DTaP-3</td>
<td>6 months</td>
<td>14 weeks</td>
<td>6-12 months[^b]</td>
<td>6 months[^c]</td>
</tr>
<tr>
<td>DTaP-4</td>
<td>15-18 months</td>
<td>15 months[^d]</td>
<td>2 years</td>
<td>6 months</td>
</tr>
<tr>
<td>DTaP-5[^e]</td>
<td>4-6 years</td>
<td>4 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepA-1[^f]</td>
<td>12-23 months</td>
<td>12 months</td>
<td>6-18 months</td>
<td>6 months</td>
</tr>
<tr>
<td>HepA-2</td>
<td>≥18 months</td>
<td>18 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepB-1[^g]</td>
<td>Birth</td>
<td>Birth</td>
<td>4 weeks-4 months</td>
<td>4 weeks</td>
</tr>
<tr>
<td>HepB-2</td>
<td>1-2 months</td>
<td>4 weeks</td>
<td>8 weeks-17 months</td>
<td>8 weeks</td>
</tr>
<tr>
<td>HepB-3[^i]</td>
<td>6-18 months</td>
<td>24 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib[^i]</td>
<td>2 months</td>
<td>6 weeks</td>
<td>8 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Hib-2</td>
<td>4 months</td>
<td>10 weeks</td>
<td>8 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Hib-3[^i]</td>
<td>6 months</td>
<td>14 weeks</td>
<td>6-9 months</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Hib-4</td>
<td>12-15 months</td>
<td>12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV Two Dose Series[^j]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV-1</td>
<td>11-12 years</td>
<td>9 years</td>
<td>6 months</td>
<td>5 months</td>
</tr>
<tr>
<td>HPV-2</td>
<td>11-12 years (+6 months)</td>
<td>9 years + 5 months[^k]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[^a]: Known as the “grace period”; vaccine doses administered ≤4 days before the minimum interval or age are considered valid; however, local or state mandates might supersede this 4-day guideline. 
[^b]: Additional dose recommended at 15 months of age. 
[^c]: If all doses are given at the minimum age. 
[^d]: Additional dose recommended at 12 months of age. 
[^e]: Additional dose recommended at 4 months of age. 
[^f]: Additional dose recommended at 12 months of age. 
[^g]: Additional dose recommended at 4 months of age. 
[^h]: Additional dose recommended at 12 months of age. 
[^i]: Additional dose recommended at 4 months of age. 
[^j]: Additional dose recommended at 12 months of age. 
[^k]: Additional dose recommended at 5 months after the first dose.
4 day grace period

- Vaccine doses administered ≤4 days before the minimum interval or age are considered valid
- Doses given >5 days earlier than minimum interval or age is **NOT** valid
- **Exception**: The 4 day grace period should not be applied before the second dose for 2 different live vaccines
Immunization Rules and Exceptions to Rules – Simultaneous Administration

Administering more than one vaccine on the same clinic day (different anatomic sites and NOT combined in the same syringe)

Increases the likelihood that the person will be fully vaccinated

All vaccines can be administered simultaneously except:

- Do not administer meningococcal conjugate and pneumococcal conjugate vaccines for persons with asplenia or HIV infection
- Administer PCV13 before PPSV23
Additional Immunization Rules and Exceptions to Rules

DTaP dose 4 recommended at age 15-18 months
Dose valid if given at age 12 months and ≥6 months interval after dose 3

>3 months recommended between varicella doses
Dose 2 valid if minimum interval of ≥4 weeks between doses
Questions?

For clinical questions about the immunization schedule or help with the IIS forecast, please send an email to:

immunenurses@doh.wa.gov

For questions about the school and child care requirements, CIS and COE please send an email to:

oicpschools@doh.wa.gov
Nursing Continuing Education

- Successful completion of this continuing education activity includes the following:
  o Attending the entire CE activity or watching the webinar recording
  o Completing the online evaluation: [fortress.wa.gov/doh/opinio/s?s=ImmsReqsUpdates2019](fortress.wa.gov/doh/opinio/s?s=ImmsReqsUpdates2019)

- Expiration date is 5/21/20

- Send an email to oicp@doh.wa.gov to request the certificate

- Upon successful completion of this activity, 1.0 contact hours will be awarded. This continuing nursing education activity was approved by the Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center’s Commission on Accreditation.

- If you have any questions about CEs, contact Trang Kuss at trang.kuss@doh.wa.gov
Continuing Education for Pharmacists and Medical Assistants

- Successful completion of this continuing education activity includes the following:
  - Attending the entire CE activity or watching the webinar recording
  - Completing the online evaluation: fortress.wa.gov/doh/opinio/s?s=ImmsReqsUpdates2019

- Expiration date is 5/21/20

Send an email to oicp@doh.wa.gov to request your certificate

**For Pharmacists**

- 1.0 credit hour of continuing education is available. This training was approved by the Washington State Pharmacy Quality Assurance Commission for pharmacist education

**For Medical Assistants**

- This program has been granted prior approval by the American Association of Medical Assistants (AAMA) for 1.0 administrative continuing education unit

- A certificate of completion will be awarded

- To obtain continuing education units, Medical Assistants will need to email the certificate of completion to: programattendance@aama-ntl.org
thank you

Questions
Answers