IMMUNIZATION SCHEDULE AND REQUIREMENTS FOR SCHOOL & CHILD CARE

March 30, 2022

Before We Start…

- All participants will be muted for the presentation.
- You may ask questions using the Q&A box, and questions will be answered at the end of the presentation.
- Continuing education is available for nurses, medical assistants, pharmacists, and pharmacy technicians attending the webinar or watching the recording. If you're watching in a group setting and wish to claim CE credit, please make sure you register for the webinar and complete the evaluation as an individual.
- You can find more information on our webinar webpage.

Presenters

Trang Kuss, MN, MPH, RN

Immunization Nurse Consultant

Office of Immunization

Katherine Graff BSN, RN

School and Child Care Immunization Nurse Consultant

Office of Immunization

Topics

- Updates to the Child/Adolescent and Adult Immunization Schedules
- Immunization Requirements 2022-2023
  - Hib and PCV
  - Certificate of Immunization Status
  - Conditional Status Attendance
  - Certificate of Exemption
- Resources

Learning Objectives

1. Identify updates to the 2022 immunization schedule.
2. Describe the immunization requirements needed to attend school and childcare in Washington state.
3. Identify the changes to the requirements from previous school years.
4. Describe relevant immunization resources.

Continuing Education

- 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. Upon successful completion of this activity, 1.0 contact hours will be awarded.
- This program has been granted prior approval by the American Association of Medical Assistants (AAMA) for 1.0 administrative continuing education unit.
- This knowledge-based activity was approved by the Washington State Pharmacy Association for 1.0 contact hours. The Washington State Pharmacy Association is accredited by the Accreditation Council for Pharmacy Education as a Provider of continuing pharmacy education.

Disclosures

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

Information about obtaining CEs will be available at the end of this webinar.

COVID-19 Vaccine and School, Briefly

We've received many questions around if COVID-19 vaccine will be required for school entry for 2022-2023.

- The State Board of Health (SBOH) makes all decisions around school vaccination requirements. Visit their website at https://sboh.wa.gov .
- A Technical Advisory Group (TAG) was tasked with considering COVID-19 vaccine as a school immunization requirement.
- On Feb 24, 2022, the TAG voted against the COVID-19 vaccine recommendation 6-7-4 (yes, no, abstain). See recap.
- SBOH will take recommendations into account and will make a final determination. We don't have additional info at this time. The SBOH April 13 agenda will be posted around March 30.
- Speculation on COVID-19 vaccine requirements for school is out of the scope of this presentation.

UPDATES TO 2022 CHILD AND ADOLESCENT IMMUNIZATION SCHEDULE

Resources

- CDC Immunization Schedules
- Immunize.org
  - Ask the Experts
  - Standing orders
  - Laminated immunization schedules
- CDC Vaccine Storage and Handling Toolkit
- ACIP General Best Practice Guidelines for Immunization
- Pink Book (Epidemiology and Prevention of Vaccine-Preventable Diseases)
  - Pink Book Webinars
- CDC Immunization Education & Training
- Email us! immunenurses@doh.wa.gov

Child and Adolescent Immunization Schedule

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

UNITED STATES 2022

Vaccines in the Child and Adolescent Immunization Schedule*

Vaccine	Abbreviation(s)	Trade name(s)
Dengue vaccine	DEN4CYD	Dengvaxia®
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel® Infanrix®
Diphtheria, tetanus vaccine	DT	No trade name
Haemophilus influenzae type b vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActiHIB® Hiberix® PedvaxHIB®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis B vaccine	HepB	Engerix-B® Recombivax HB®
Human papillomavirus vaccine	HPV	Gardasil 9®
Influenza vaccine (inactivated)	IIV4	Multiple
Influenza vaccine (live, attenuated)	LAIV4	FluMist® Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II®
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D MenACWY-CRM MenACWY-TT	Menactra® Menveo® MenQuadfi®
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero® Trumenba®
Pneumococcal 13-valent conjugate vaccine	PCV13	Prevnar 13®
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax 23®
Poliovirus vaccine (inactivated)	IPV	IPOL®
Rotavirus vaccine	RV1 RV5	Rotarix® RotaTeq®
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Tetanus and diphtheria vaccine	Td	Tenivac® Tdvax™
Varicella vaccine	VAR	Varivax®
Combination vaccines *(use combination vaccines instead of separate injections when appropriate)*		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix®
DTaP, inactivated poliovirus, and *Haemophilus influenzae* type b vaccine	DTaP-IPV/Hib	Pentacel®
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix® Quadracel®
DTaP, inactivated poliovirus, *Haemophilus influenzae* type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis®
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad®

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

How to use the child and adolescent immunization schedule

1. Determine recommended vaccine by age **(Table 1)**
2. Determine recommended interval for catch-up vaccination **(Table 2)**
3. Assess need for additional recommended vaccines by medical condition or other indication **(Table 3)**
4. Review vaccine types, frequencies, intervals, and considerations for special situations **(Notes)**
5. Review contraindications and precautions for vaccine types **(Appendix)**

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American Academy of Pediatrics (www.aap.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), American College of Nurse-Midwives (www.midwife.org), American Academy of Physician Associates (www.aapa.org), and National Association of Pediatric Nurse Practitioners (www.napnap.org).

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or 800-822-7967

Questions or comments

Contact www.cdc.gov/cdc-info or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays

Download the CDC Vaccine Schedules app for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html

Helpful information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- *General Best Practice Guidelines for Immunization* (including contraindications and precautions): www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/index.html
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual
- ACIP Shared Clinical Decision-Making Recommendations www.cdc.gov/vaccines/acip/acip-scdm-faqs.html

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Scan QR code for access to online schedule

CS310020-A

www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

Child and Adolescent Immunization Schedule

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2022

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Hepatitis B (HepB)	1st dose	←--- 2nd dose ---→			←--- 3rd dose ---→												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose			←--- 4th dose ---→				5th dose					
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes		←--- 3rd or 4th dose, See Notes ---→										
Pneumococcal conjugate (PCV13)			1st dose	2nd dose	3rd dose		←--- 4th dose ---→										
Inactivated poliovirus (IPV <18 yrs)			1st dose	2nd dose	←--- 3rd dose ---→							4th dose					
Influenza (IIV4)					Annual vaccination 1 or 2 doses								Annual vaccination 1 dose only				
or													or				
Influenza (LAIV4)											Annual vaccination 1 or 2 doses		Annual vaccination 1 dose only				
Measles, mumps, rubella (MMR)					See Notes		←--- 1st dose ---→					2nd dose					
Varicella (VAR)							←--- 1st dose ---→					2nd dose					
Hepatitis A (HepA)					See Notes		2-dose series, See Notes										
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														1 dose			
Human papillomavirus (HPV)														See Notes			
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes											1st dose		2nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)														See Notes			
Pneumococcal polysaccharide (PPSV23)											See Notes						
Dengue (DEN4CYD; 9-16 yrs)														Seropositive in endemic areas only (See Notes)			

Range of recommended ages for all children | Range of recommended ages for catch-up vaccination | Range of recommended ages for certain high-risk groups | Recommended vaccination can begin in this age group | Recommended vaccination based on shared clinical decision-making | No recommendation/ not applicable

www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

Child and Adolescent Immunization Schedule

Another resource:
CDC Catch-up Job Aids

Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2022

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the Notes that follow.**

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Children age 4 months through 6 years					
Hepatitis B	Birth	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose** minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	**4 weeks**	**4 weeks** maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	**4 weeks**	**4 weeks**	**6 months**	**6 months**
Haemophilus influenzae type b	6 weeks	**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.	**No further doses needed** if previous dose was administered at age 15 months or older **4 weeks** if current age is younger than 12 months ***and*** first dose was administered at younger than age 7 months ***and*** at least 1 previous dose was PRP-T (ActHib®, Pentacel®, Hiberix®), Vaxelis® or unknown **8 weeks *and* age 12 through 59 months (as final dose)** if current age is younger than 12 months ***and*** first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months ***and*** first dose was administered before the 1st birthday ***and*** second dose was administered at younger than 15 months; OR if both doses were PedvaxHIB® and were administered before the 1st birthday	**8 weeks (as final dose)** This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	**No further doses needed** for healthy children if first dose was administered at age 24 months or older **4 weeks** if first dose was administered before the 1st birthday **8 weeks (as final dose for healthy children)** if first dose was administered at the 1st birthday or after	**No further doses needed** for healthy children if previous dose was administered at age 24 months or older **4 weeks** if current age is younger than 12 months and previous dose was administered at <7 months old **8 weeks (as final dose for healthy children)** if previous dose was administered between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was administered before age 12 months	**8 weeks (as final dose)** This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus	6 weeks	**4 weeks**	**4 weeks** if current age is <4 years **6 months (as final dose)** if current age is 4 years or older	**6 months (minimum age 4 years for final dose)**	
Measles, mumps, rubella	12 months	**4 weeks**			
Varicella	12 months	**3 months**			
Hepatitis A	12 months	**6 months**			
Meningococcal ACWY	2 months MenACWY-CRM 9 months MenACWY-D 2 years MenACWY-TT	**8 weeks**	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	**8 weeks**			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	**4 weeks**	**4 weeks** if first dose of DTaP/DT was administered before the 1st birthday **6 months (as final dose)** if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday	**6 months** if first dose of DTaP/DT was administered before the 1st birthday	
Human papillomavirus	9 years	**Routine dosing intervals are recommended.**			
Hepatitis A	N/A	**6 months**			
Hepatitis B	N/A	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose**		
Inactivated poliovirus	N/A	**4 weeks**	**6 months** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	**4 weeks**			
Varicella	N/A	**3 months** if younger than age 13 years. **4 weeks** if age 13 years or older			
Dengue	9 years	**6 months**	6 months		

www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

Child and Adolescent Immunization Schedule

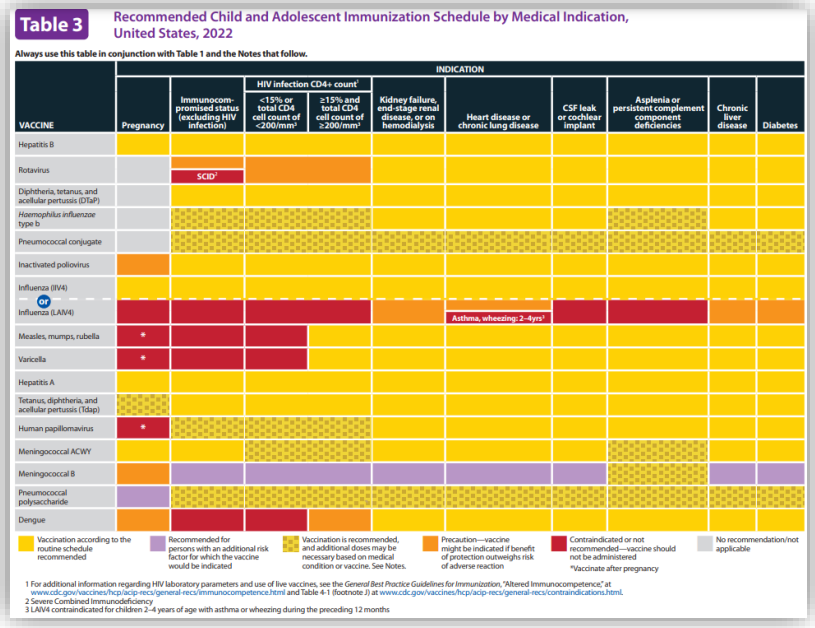


Table 3 Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2022

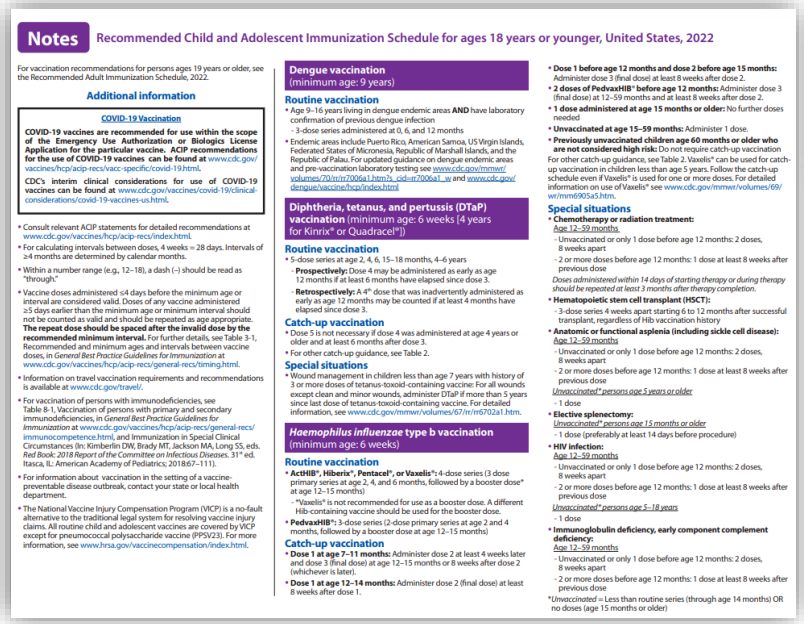
Always use this table in conjunction with Table 1 and the Notes that follow.

VACCINE	Pregnancy	Immunocompromised status (excluding HIV infection)	HIV infection CD4+ count[2]: <15% or total CD4 cell count of <200/mm³	HIV infection CD4+ count[2]: ≥15% and total CD4 cell count of ≥200/mm³	Kidney failure, end-stage renal disease, or on hemodialysis	Heart disease or chronic lung disease	CSF leak or cochlear implant	Asplenia or persistent complement component deficiencies	Chronic liver disease	Diabetes
Hepatitis B										
Rotavirus		SCID[3]								
Diphtheria, tetanus, and acellular pertussis (DTaP)										
Haemophilus influenzae type b										
Pneumococcal conjugate										
Inactivated poliovirus										
Influenza (IIV4) OR Influenza (LAIV4)						Asthma, wheezing: 2–4yrs[3]				
Measles, mumps, rubella	*									
Varicella	*									
Hepatitis A										
Tetanus, diphtheria, and acellular pertussis (Tdap)										
Human papillomavirus	*									
Meningococcal ACWY										
Meningococcal B										
Pneumococcal polysaccharide										
Dengue										

Vaccination according to the routine schedule recommended; Recommended for persons with an additional risk factor for which the vaccine would be indicated; Vaccination is recommended, and additional doses may be necessary based on medical condition or vaccine. See Notes.; Precaution—vaccine might be indicated if benefit of protection outweighs risk of adverse reaction; Contraindicated or not recommended—vaccine should not be administered; *Vaccinate after pregnancy; No recommendation/not applicable

1 For additional information regarding HIV laboratory parameters and use of live vaccines, see the *General Best Practice Guidelines for Immunization*, "Altered Immunocompetence," at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html and Table 4-1 (footnote J) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.
2 Severe Combined Immunodeficiency
3 LAIV4 contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months

Medical Indications table



Notes Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2022

For vaccination recommendations for persons ages 19 years or older, see the Recommended Adult Immunization Schedule, 2022.

Additional information

COVID-19 Vaccination

COVID-19 vaccines are recommended for use within the scope of the Emergency Use Authorization or Biologics License Application for the particular vaccine. ACIP recommendations for the use of COVID-19 vaccines can be found at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html.

CDC's interim clinical considerations for use of COVID-19 vaccines can be found at www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html.

- Consult relevant ACIP statements for detailed recommendations at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as "through."
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age appropriate. **The repeat dose should be spaced after the invalid dose by the recommended minimum interval.** For further details, see Table 3-1, Recommended and minimum ages and intervals between vaccine doses, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.
- Information on travel vaccination requirements and recommendations is available at www.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html, and Immunization in Special Clinical Circumstances (In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2018 Report of the Committee on Infectious Diseases*. 31st ed. Itasca, IL: American Academy of Pediatrics; 2018:67–111).
- For information about vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information, see www.hrsa.gov/vaccinecompensation/index.html.

Dengue vaccination (minimum age: 9 years)

Routine vaccination
- Age 9–16 years living in dengue endemic areas **AND** have laboratory confirmation of previous dengue infection
  - 3-dose series administered at 0, 6, and 12 months
- Endemic areas include Puerto Rico, American Samoa, US Virgin Islands, Federated States of Micronesia, Republic of Marshall Islands, and the Republic of Palau. For updated guidance on dengue endemic areas and pre-vaccination laboratory testing see www.cdc.gov/mmwr/volumes/70/rr/rr7006a1.htm?s_cid=rr7006a1_w and www.cdc.gov/dengue/vaccine/hcp/index.html

Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix® or Quadracel®])

Routine vaccination
- 5-dose series at age 2, 4, 6, 15–18 months, 4–6 years
  - **Prospectively:** Dose 4 may be administered as early as age 12 months if at least 6 months have elapsed since dose 3.
  - **Retrospectively:** A 4th dose that was inadvertently administered as early as age 12 months may be counted if at least 4 months have elapsed since dose 3.

Catch-up vaccination
- Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 3.
- For other catch-up guidance, see Table 2.

Special situations
- Wound management in children less than age 7 years with history of 3 or more doses of tetanus-toxoid-containing vaccine: For all wounds except clean and minor wounds, administer DTaP if more than 5 years since last dose of tetanus-toxoid-containing vaccine. For detailed information, see www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm.

***Haemophilus influenzae* type b vaccination** (minimum age: 6 weeks)

Routine vaccination
- **ActHIB®, Hiberix®, Pentacel®, or Vaxelis®:** 4-dose series (3 dose primary series at age 2, 4, and 6 months, followed by a booster dose* at age 12–15 months)
  - *Vaxelis® is not recommended for use as a booster dose. A different Hib-containing vaccine should be used for the booster dose.
- **PedvaxHIB®:** 3-dose series (2-dose primary series at age 2 and 4 months, followed by a booster dose at age 12–15 months)

Catch-up vaccination
- **Dose 1 at age 7–11 months:** Administer dose 2 at least 4 weeks later and dose 3 (final dose) at age 12–15 months or 8 weeks after dose 2 (whichever is later).
- **Dose 1 at age 12–14 months:** Administer dose 2 (final dose) at least 8 weeks after dose 1.
- **Dose 1 before age 12 months and dose 2 before age 15 months:** Administer dose 3 (final dose) at least 8 weeks after dose 2.
- **2 doses of PedvaxHIB® before age 12 months:** Administer dose 3 (final dose) at 12–59 months and at least 8 weeks after dose 2.
- **1 dose administered at age 15 months or older:** No further doses needed
- **Unvaccinated at age 15–59 months:** Administer 1 dose.
- **Previously unvaccinated children age 60 months or older who are not considered high risk:** Do not require catch-up vaccination

For other catch-up guidance, see Table 2. Vaxelis® can be used for catch-up vaccination in children less than age 5 years. Follow the catch-up schedule even if Vaxelis® is used for one or more doses. For detailed information on use of Vaxelis® see www.cdc.gov/mmwr/volumes/69/wr/mm6905a5.htm.

Special situations
- **Chemotherapy or radiation treatment:**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

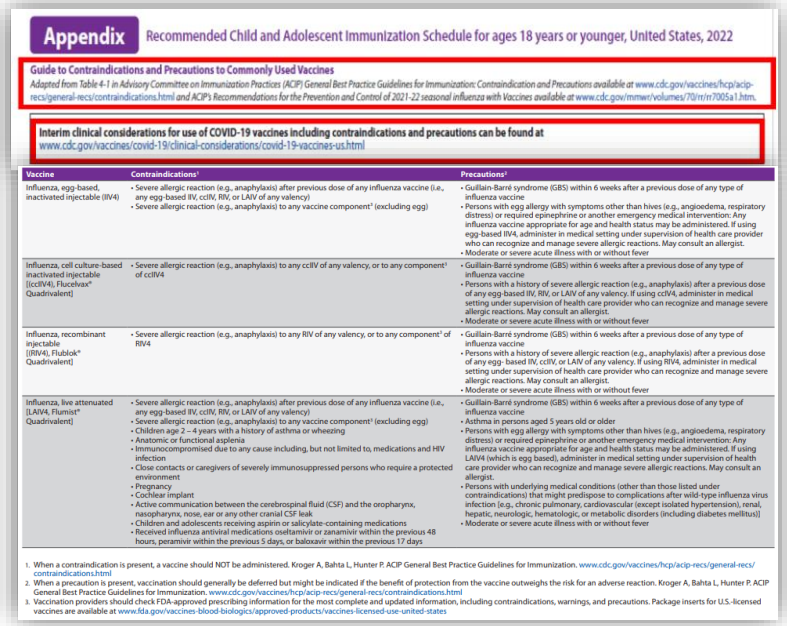
  Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.
- **Hematopoietic stem cell transplant (HSCT):**
  - 3-dose series 4 weeks apart starting 6 to 12 months after successful transplant, regardless of Hib vaccination history
- **Anatomic or functional asplenia (including sickle cell disease):**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

  Unvaccinated persons age 5 years or older*
  - 1 dose
- **Elective splenectomy:**
  Unvaccinated persons age 15 months or older*
  - 1 dose (preferably at least 14 days before procedure)
- **HIV infection:**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

  Unvaccinated persons age 5–18 years*
  - 1 dose
- **Immunoglobulin deficiency, early component complement deficiency:**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

*Unvaccinated = Less than routine series (through age 14 months) OR no doses (age 15 months or older)

Detailed notes for each vaccine



Appendix Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2022

Guide to Contraindications and Precautions to Commonly Used Vaccines
Adapted from Table 4-1 in Advisory Committee on Immunization Practices (ACIP) General Best Practice Guidelines for Immunization: Contraindication and Precautions available at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html and ACIP's Recommendations for the Prevention and Control of 2021-22 seasonal influenza with Vaccines available at www.cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm.

Interim clinical considerations for use of COVID-19 vaccines including contraindications and precautions can be found at www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html

Vaccine	Contraindications[1]	Precautions[2]
Influenza, egg-based, inactivated injectable (IIV4)	• Severe allergic reaction (e.g., anaphylaxis) after previous dose of any Influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV of any valency) • Severe allergic reaction (e.g., anaphylaxis) to any vaccine component[3] (excluding egg)	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Persons with egg allergy with symptoms other than hives (e.g., angioedema, respiratory distress) or required epinephrine or another emergency medical intervention: Any influenza vaccine appropriate for age and health status may be administered. If using egg-based IIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist. • Moderate or severe acute illness with or without fever
Influenza, cell culture-based inactivated injectable ([ccIIV4], Flucelvax® Quadrivalent]	• Severe allergic reaction (e.g., anaphylaxis) to any ccIIV of any valency, or to any component[3] of ccIIV4	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, RIV, or LAIV of any valency. If using ccIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist. • Moderate or severe acute illness with or without fever
Influenza, recombinant injectable ([RIV4], Flublok® Quadrivalent]	• Severe allergic reaction (e.g., anaphylaxis) to any RIV of any valency, or to any component[3] of RIV4	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg- based IIV, ccIIV, or LAIV of any valency. If using RIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist. • Moderate or severe acute illness with or without fever
Influenza, live attenuated ([LAIV4, Flumist® Quadrivalent]	• Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV of any valency) • Severe allergic reaction (e.g., anaphylaxis) to any vaccine component[3] (excluding egg) • Children age 2 – 4 years with a history of asthma or wheezing • Anatomic or functional asplenia • Immunocompromised due to any cause including, but not limited to, medications and HIV infection • Close contacts or caregivers of severely immunosuppressed persons who require a protected environment • Pregnancy • Cochlear implant • Active communication between the cerebrospinal fluid (CSF) and the oropharynx, nasopharynx, nose, ear or any other cranial CSF leak • Children and adolescents receiving aspirin or salicylate-containing medications • Received influenza antiviral medications oseltamivir or zanamivir within the previous 48 hours, peramivir within the previous 5 days, or baloxavir within the previous 17 days	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Asthma in persons aged 5 years old or older • Persons with egg allergy with symptoms other than hives (e.g., angioedema, respiratory distress) or required epinephrine or another emergency medical intervention: Any influenza vaccine appropriate for age and health status may be administered. If using LAIV4 (which is egg based), administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist. • Persons with underlying medical conditions (other than those listed under contraindications) that might predispose to complications after wild-type influenza virus infection [e.g., chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)] • Moderate or severe acute illness with or without fever

1. When a contraindication is present, a vaccine should NOT be administered. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html
2. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html
3. Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. Package inserts for U.S.-licensed vaccines are available at www.fda.gov/vaccines-blood-biologics/approved-products/vaccines-licensed-use-united-states

New! Appendix of Contraindications and Precautions

www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

Dengue Vaccine

Routine vaccination

- Age 9–16 years living in dengue endemic areas **AND** have laboratory confirmation of previous dengue infection
  -3-dose series administered at 0, 6, and 12 months

- Endemic areas include Puerto Rico, American Samoa, US Virgin Islands, Federated States of Micronesia, Republic of Marshall Islands, and the Republic of Palau. For updated guidance on dengue endemic areas and pre-vaccination laboratory testing see www.cdc.gov/mmwr/volumes/70/rr/rr7006a1.htm?s_cid=rr7006a1_w and www.cdc.gov/dengue/vaccine/hcp/index.html

Dengue vaccination
(minimum age: 9 years)

Routine vaccination

- Age 9–16 years living in dengue endemic areas **AND** have laboratory confirmation of previous dengue infection
  - 3-dose series administered at 0, 6, and 12 months
- Endemic areas include Puerto Rico, American Samoa, US Virgin Islands, Federated States of Micronesia, Republic of Marshall Islands, and the Republic of Palau. For updated guidance on dengue endemic areas and pre-vaccination laboratory testing see www.cdc.gov/mmwr/volumes/70/rr/rr7006a1.htm?s_cid=rr7006a1_w and www.cdc.gov/dengue/vaccine/hcp/index.html

Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix® or Quadracel®])

Routine vaccination

Catch-up vaccination

Special situations

***Haemophilus influenzae* type b vaccination (minimum age: 6 weeks)**

Routine vaccination

Catch-up vaccination

Special situations

For more information: CDC Dengue Vaccine webpage

https://www2.cdc.gov/vaccines/ed/ciinc/archives/22/3_2.asp

Vaxelis
DTaP-IPV-Hib-HepB Combination Vaccine

Routine schedule

- 3 dose series
- 2, 4, 6 months
- Can be used for catch-up schedule <5 years

Age indication

- 6 weeks through 4 years

Additional details

- May be used to complete hepatitis B series
- May be used for first 3 doses of IPV series; not indicated for 4th dose
- Should not be used for the booster dose of Hib at 12 months
- Should not be used for 4th or 5th dose of DTaP

Immunization Schedule using Combo Vaccines

Immunization Schedule with Combination Vaccines

EVERY FALL: FLU VACCINE[6] for anyone 6 months and older

	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	4-6 YEARS
PEDIARIX® PROQUAD® QUADRACEL™ or KINRIX®	PEDIARIX® DTaP, IPV, HepB + PCV, Rotavirus, Hib	PEDIARIX® DTaP, IPV, HepB[1] + PCV, Rotavirus, Hib	PEDIARIX® DTaP, IPV, HepB + PCV, Rotavirus[2], Hib[3]	HepA, MMR[4], Varicella[4], PCV[5], Hib[5]	DTaP	HepA	QUADRACEL™ or KINRIX®[7] DTaP, IPV + PROQUAD® MMRV
PENTACEL®[5] PROQUAD® QUADRACEL™ or KINRIX®	PENTACEL® DTaP, IPV, Hib + PCV, Rotavirus, HepB	PENTACEL® DTaP, IPV, Hib + PCV, Rotavirus, HepB[1]	PENTACEL® DTaP, IPV, Hib + PCV, Rotavirus[2], HepB	HepA, MMR[4], Varicella[4], PCV[5]	PENTACEL® DTaP, IPV, Hib	HepA	QUADRACEL™ or KINRIX®[7] DTaP, IPV + PROQUAD® MMRV
VAXELIS™[8] PROQUAD® QUADRACEL™ or KINRIX®	VAXELIS™ DTaP, IPV, Hib, HepB + PCV, Rotavirus	VAXELIS™ DTaP, IPV, Hib, HepB[1] + PCV, Rotavirus	VAXELIS™ DTaP, IPV, Hib[3], HepB + PCV, Rotavirus[2]	HepA, MMR[4], Varicella[4], PCV[5], Hib[5]	DTaP	HepA	QUADRACEL™ or KINRIX®[7] DTaP, IPV + PROQUAD® MMRV

Make sure the vaccine you administer contains the antigens on the doctor's order. Keep it simple. Stick with the same product.

This is a suggested schedule for VFC providers ordering combination vaccines. For alternatives and details, consult the latest "Recommended Immunization Schedules for persons aged 0-18 years, United States." For more info, visit EZIZ.ORG

1 A dose of Hepatitis B vaccine is not necessary at 4 months if doses are given at birth and 2 months but may be included as part of a combination vaccine.

2 The six month dose is not needed if Rotarix® was used exclusively for both dose 1 and 2 of the rotavirus vaccine series.

3 This six month Hib dose is not indicated if PedvaxHIB® is used exclusively for the 2 and 4 month infant doses.

4 CDC recommends MMR + Varicella at 12-15 months. Providers can use their discretion whether to use MMRV, however.

5 Can be administered as late as 15 months. For more information, consult the Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021.

6 Influenza vaccine is available in thimerosal-free options. See California Health and Safety Code § 124172.

7 Licensed by FDA for children 4 through 6 years with previous doses of INFANRIX™ or PEDIARIX™. ACIP recommends that, whenever feasible, the same manufacturer's DTaP vaccines be used for each dose in the series; however, vaccination should not be deferred because the type of DTaP previously administered is unavailable or unknown. See www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a4.htm.

8 Licensed by FDA for children 6 weeks through 4 years of age (prior to the 5th birthday).

California Department of Public Health, Immunization Branch IMM-922 (5/21)

https://eziz.org/assets/docs/IMM-922.pdf

Hib and PCV Catch-Up Charts

Hib Doses Required Chart for Children 12-14 Months of Age

The final booster dose should be given ≥12 months and ≥8 weeks after the previous dose.

Doses <12 months	Dose 12 through 14 months	Status
2 or more	1	Complete IF final dose ≥8 weeks after previous dose
2 or more	0	Needs final dose ≥8 weeks after previous dose
1	0	Needs dose 2 ≥4 weeks after dose 1 and dose 3 ≥8 weeks after dose 2
1	1	Needs final dose 3 ≥8 weeks after dose 2
0	1	Needs final dose 2 ≥8 weeks after previous dose
0	2	Complete IF ≥8 weeks between doses
0	0	Needs dose 1 now and dose 2 ≥8 weeks after dose 1

Hib Doses Required Chart for Children ≥15 - 59 Months of Age

The final booster dose should be given ≥12 months and ≥8 weeks after the previous dose.

Doses <12 months	Dose 12 through 14 months	Dose 15 through 59 months	Status
2 or more	1	0	Complete IF final dose ≥8 weeks after previous dose
1 or more	0	1	Complete
1 or more	1	1	Complete IF final dose ≥8 weeks after previous dose
1 or more	0	0	Needs final dose now
1	1	0	Needs final Dose ≥8 weeks after previous dose
0	1	0	Needs final Dose ≥8 weeks after previous dose
0	2	0	Complete IF ≥8 weeks between doses
0	1	1	Complete IF ≥8 weeks between doses
0	0	1	Complete
0	0	0	Needs one final dose now

PCV Doses Required Chart for Children 12-23 Months of Age

The final booster dose should be given ≥12 months and ≥8 weeks after the previous dose.

Doses <12 months	Doses ≥12 months	Status
0	0	Needs dose 1 now and dose 2 ≥8 weeks after dose 1
0	1	Needs final dose 2 ≥8 weeks after dose 1
0	2	Complete IF doses separated by ≥8 weeks
1	0	Needs dose 2 ≥4 weeks after dose 1 and dose 3 ≥8 weeks after dose 2
1	1	Needs final dose 3 ≥8 weeks after dose 2
1	2	Complete IF dose 3 ≥8 weeks after dose 2
2 or more	0	Needs final dose ≥8 weeks after previous dose
2 or more	1	Complete IF final dose ≥8 weeks after previous dose

PCV Doses Required Chart for Children ≥24 - 59 Months of Age

The final booster dose should be given ≥12 months and ≥8 weeks after the previous dose.

Doses <12 months	Dose 12 through 23 months	Dose 24 through 59 months	Status
0	0	0	Needs one final dose now
0	1	0	Needs final dose 2 ≥8 weeks after dose 1
0	2	0	Complete IF ≥8 weeks between doses
0	1	1	Complete IF ≥8 weeks between doses
0	0	1	Complete
1	1	0	Needs final dose 3 ≥8 weeks after dose 2
1 or more	1	1	Complete IF final dose ≥8 weeks after previous dose
1 or more	0	0	Needs final dose now
1 or more	0	1	Complete
2 or more	1	0	Complete IF last dose ≥8 weeks after previous dose

Individual Vaccine Requirements Summary

Tdap Catch-Up Schedule (7 years of age or older)

No DTaP before age 7

- Give Tdap, followed by 2 doses of Td (Tdap if Td not available)
- *Minimum interval of 6 months between final doses*

DTaP doses <4 years of age, but no dose on or after 4 years

- If initial DTaP given <12 months
  - 4 total doses needed
  - Any combination of DTaP, Tdap, or Td, but **Tdap must be included**
  - *Minimum interval of 6 months between final doses*
- If initial DTaP given ≥12 months
  - 3 total doses needed
  - Any combination of DTaP, Tdap, or Td, but **Tdap must be included**
  - *Minimum interval of 6 months between final doses*

Individual Vaccine Requirements Summary

UPDATES TO 2022 ADULT IMMUNIZATION SCHEDULE

Adult Immunization Schedule

Recommended Adult Immunization Schedule
for ages 19 years or older

UNITED STATES **2022**

How to use the adult immunization schedule

1. Determine recommended vaccinations by age **(Table 1)**
2. Assess need for additional recommended vaccinations by medical condition or other indication **(Table 2)**
3. Review vaccine types, frequencies, intervals, and considerations for special situations **(Notes)**
4. Review contraindications and precautions for vaccine types **(Appendix)**

Vaccines in the Adult Immunization Schedule*

Vaccine	Abbreviation(s)	Trade name(s)
Haemophilus influenzae type b vaccine	Hib	ActHIB® Hiberix® PedvaxHIB®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix®
Hepatitis B vaccine	HepB	Engerix-B® Recombivax HB® Heplisav-B®
Human papillomavirus vaccine	HPV	Gardasil 9®
Influenza vaccine (inactivated)	IIV4	Many brands
Influenza vaccine (live, attenuated)	LAIV4	FluMist® Quadrivalent
Influenza vaccine (recombinant)	RIV4	Flublok® Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II®
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D MenACWY-CRM MenACWY-TT	Menactra® Menveo® MenQuadfi®
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero® Trumenba®
Pneumococcal 15-valent conjugate vaccine	PCV15	Vaxneuvance™
Pneumococcal 20-valent conjugate vaccine	PCV20	Prevnar 20™
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax 23®
Tetanus and diphtheria toxoids	Td	Tenivac® Tdvax™
Tetanus and diphtheria toxoids and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Varicella vaccine	VAR	Varivax®
Zoster vaccine, recombinant	RZV	Shingrix

*Administer recommended vaccines if vaccination history is incomplete or unknown. Do not restart or add doses to vaccine series if there are extended intervals between doses. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American College of Physicians (www.acponline.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), American College of Nurse-Midwives (www.midwife.org), and American Academy of Physician Associates (www.aapa.org), and Society for Healthcare Epidemiology of America (www.shea-online.org).

Report
- Suspected cases of reportable vaccine-preventable diseases or outbreaks to the local or state health department
- Clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System at www.vaers.hhs.gov or 800-822-7967

Injury claims
All vaccines included in the adult immunization schedule except pneumococcal 23-valent polysaccharide (PPSV23) and zoster (RZV) vaccines are covered by the Vaccine Injury Compensation Program. Information on how to file a vaccine injury claim is available at www.hrsa.gov/vaccinecompensation.

Questions or comments
Contact www.cdc.gov/cdc-info or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays.

Download the CDC Vaccine Schedules app for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html.

Helpful information
- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- *General Best Practice Guidelines for Immunization* (including contraindications and precautions): www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/index.html
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual
- Travel vaccine recommendations: www.cdc.gov/travel
- Recommended Child and Adolescent Immunization Schedule, United States, 2022: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html
- ACIP Shared Clinical Decision-Making Recommendations: www.cdc.gov/vaccines/acip/acip-scdm-faqs.html

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Scan QR code for access to online schedule

www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf

Adult Immunization Schedule

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2022

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
or	or			
Influenza live, attenuated (LAIV4)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			1 dose PCV15 followed by PPSV23 OR 1 dose PCV20
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
	19 through 23 years			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf

Hepatitis B Updates

Previous Recommendation	New Recommendation
Hepatitis B vaccine (HepB) is recommended for the prevention of hepatitis B virus infection and related complications for: • All infants • Unvaccinated children aged <19 years • Adults at risk	Hepatitis B vaccine (HepB) is recommended for the prevention of hepatitis B virus infection and related complications for: • All infants • Unvaccinated children aged <19 years • Adults 19 through 59 years of age • Adults aged ≥60 years at risk

Source: Slides presented during CDC Call on 3/16/22

Herpes Zoster Vaccine Updates

Previous Recommendation	New Recommendation
Recombinant zoster vaccine (RZV) is recommended for the prevention of herpes zoster and related complications for: • Immunocompetent adults aged ≥50 years	Recombinant zoster vaccine (RZV) is recommended for the prevention of herpes zoster and related complications for: • Immunocompetent adults aged ≥50 years • Adults aged ≥19 years who are or will be immunodeficient or immunosuppressed due to disease or therapy.

Source: Slides presented during CDC Call on 3/16/22

Pneumococcal Vaccine Updates

Two Newly Licensed Pneumococcal Conjugate Vaccines

	1	3	4	5	6A	6B	7 F	9V	14	18 C	19 A	19 F	23 F	22 F	33 F	8	10 A	11 A	12 F	15 B	2	9N	17 F	20
PCV13																								
PCV15																								
PCV20																								
PPSV23																								

23-valent pneumococcal polysaccharide vaccine (PPSV23)	Pneumovax23®, Merck
13-valent pneumococcal conjugate vaccine (PCV13)	Prevnar13®, Pfizer
15-valent pneumococcal conjugate vaccine (PCV15)	Vaxneuvance™, Merck
20-valent pneumococcal conjugate vaccine (PCV20)	Prevnar20™, Pfizer

Source: Slides presented during CDC Call on 3/16/22; ACIP meeting 10/20/21

Pneumococcal Vaccine Updates

Adults 19 through 64 years	Previous Recommendation	New Recommendation
None of the conditions listed below	No recommendation	No recommendation
Chronic medical conditions**	PPSV23	PCV20 OR PCV15 and PPSV23
Cochlear implant, CSF leak	Both PCV13* and PPSV23	
Immunocompromising conditions	Both PCV13* and PPSV23, repeat PPSV23 after 5 years	

Adults 65 years or older	Previous Recommendation	New Recommendation
None of the conditions listed below	PCV13* based on shared clinical decision making; PPSV23 for all	PCV20 OR PCV15 and PPSV23
Chronic medical conditions**	PCV13* based on shared clinical decision making; PPSV23 for all	
Cochlear implant, CSF leak	Both PCV13* and PPSV23	
Immunocompromising conditions	Both PCV13* and PPSV23	

*If not previously administered; **Examples include alcoholism, chronic heart/liver/lung disease, diabetes, cigarette smoking

Source: Slides presented during CDC Call on 3/16/22

Pneumococcal Vaccine Recommendations

Adults 65 years or older and adults 19-64 years with immunocompromising condition

Adults who have not received any pneumococcal vaccine

- Give 1 dose of PCV20 OR
- Give PCV15 plus PPSV23 at least one year later
  - Minimum interval of 8 weeks for adults with immunocompromising condition

Adults who have only received PPSV23

- May give 1 dose of PCV20 or PCV15 at least one year after the most recent PPSV23
- Additional dose of PPSV23 not recommended

Adults who received PCV13 with or without PPSV23

- Give PPSV23 as previously recommended
  - See Pneumococcal Vaccine Timing for Adults for specific guidance
- May give PCV20 if PPSV23 is not available

Medical Conditions or Immunocompromising Conditions for Pneumococcal Vaccine

For adults with any of the conditions or risk factors listed below:

- Alcoholism
- Cerebrospinal fluid leak
- Chronic heart disease, including congestive heart failure and cardiomyopathies
- Chronic liver disease
- Chronic lung disease, including chronic obstructive pulmonary disease, emphysema, and asthma
- Chronic renal failure
- Cigarette smoking
- Cochlear implant
- Congenital or acquired asplenia
- Congenital or acquired immunodeficiency
  - B- (humoral) or T-lymphocyte deficiency
  - Complement deficiency, particularly C1, C2, C3, or C4 deficiency
  - Phagocytic disorder, excluding chronic granulomatous disease
- Diabetes mellitus
- Generalized malignancy
- HIV infection
- Hodgkin disease
- Iatrogenic immunosuppression, including long-term systemic corticosteroids and radiation therapy
- Leukemia
- Lymphoma
- Multiple myeloma
- Nephrotic syndrome
- Sickle cell disease or other hemoglobinopathies
- Solid organ transplant

www.cdc.gov/vaccines/vpd/pneumo/hcp/who-when-to-vaccinate.html

Pneumococcal Vaccine

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

A-Z Index
Search | Vaccines site
Advanced Search

Vaccines and Preventable Diseases

Vaccines & Preventable Diseases Home > Vaccines by Disease > Pneumococcal > For Healthcare Professionals

- Vaccines & Preventable Diseases Home
- Vaccines by Disease
  - Chickenpox (Varicella)
  - Dengue
  - Diphtheria
  - Flu (Influenza)
  - Hepatitis A
  - Hepatitis B
  - Hib
  - Human Papillomavirus (HPV)
  - Measles
  - Meningococcal
  - Mumps
  - Pneumococcal
    - What Everyone Should Know
    - For Healthcare Professionals

PneumoRecs VaxAdvisor Mobile App for Vaccine Providers

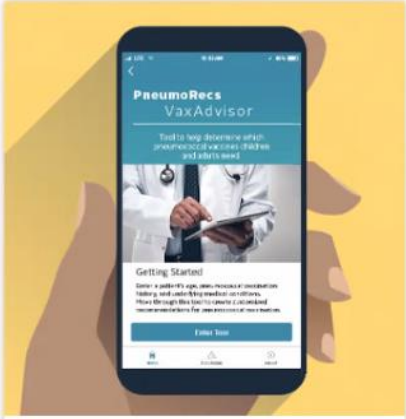
The PneumoRecs VaxAdvisor Mobile App was updated on February 9, 2022, to reflect CDC's new adult pneumococcal vaccination recommendations.

The ***PneumoRecs VaxAdvisor*** mobile app helps vaccination providers quickly and easily determine which pneumococcal vaccines a patient needs and when. The app incorporates recommendations for all ages so internists, family physicians, pediatricians, and pharmacists alike will find the tool beneficial.

Users simply:

- Enter a patient's age.
- Note if the patient has specific underlying medical conditions.
- Answer questions about the patient's pneumococcal vaccination history.

Then the app provides patient-specific guidance consistent with the immunization schedule recommended by the U.S. Advisory Committee on Immunization Practices (ACIP).



PneumoRecs VaxAdvisor is available for download on iOS and Android mobile devices.

Download the App Today

Download PneumoRecs VaxAdvisor for free:

- iOS devices

www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html

Poll Question 1

Which pneumococcal vaccine is recommended for adults 65 and older who have never received any pneumococcal vaccine?

A: PCV20

B: PCV15 plus PPSV23 one year later

C: PCV13

D: PPSV23

E: A and B only

IMMUNIZATION REQUIREMENTS CHARTS 2022-2023 CHANGES

2022-2023 Changes

The school immunization requirements now include transitional kindergarten and preschool. www.doh.wa.gov/scci.

- Updated immunization requirements for kindergarten (including transitional kindergarten), and preschool will apply to children aged 4 years and older.
- Children who are 4 years old on September 1 will need booster doses of DTaP, IPV, MMR, and varicella. Children will also need PCV and Hib vaccines until they reach age 5.
- Children who turn 4 years old after September 1 do not need to meet the requirements for 4-year-olds until the next school year.

Vaccines Required for Preschool-12 School 2022-2023

Vaccines Required for School: Preschool -12th

August 1, 2022 to July 31, 2023

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (*Haemophilus influenzae* type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on 09/01/2022	4 doses DTaP	3 doses	3 or 4 doses** (depending on vaccine)	1 dose	4 doses**	3 doses	1 dose***
Preschool/Kindergarten (including Transitional Kindergarten) Age =4* years on 09/01/2022	5 doses DTaP**	3 doses	3 or 4 doses** (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses** (Not required at age ≥5 years)	4 doses**	2 doses***
Kindergarten through 6th Age ≥5 years on 09/01/2022	5 doses DTaP**	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses***
7th through 9th	5 doses DTaP** *Plus* Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses***
10th through 12th	5 doses DTaP** *Plus* Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses***

*Consistent with ACIP CDC Immunization Schedule. **Vaccine doses may be acceptable with fewer than listed depending on when they were given. ***Health care provider verification of history of chickenpox disease is also acceptable. See the Minimum Age and Interval Table on page 2 for required minimum age and spacing information of vaccine doses.
Find information on other vaccines that are recommended, but not required, for child care/preschool attendance at: www.immunize.org/cdc/schedules.
Review the Individual Vaccine Requirements Summary for more detailed information, located on our web page: www.doh.wa.gov/SCCI

To request this document in another format, call 1-800-525-0127.
Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

DOH 348-051 Dec 2021

Vaccines Required for Preschool-12 School 2022-2023

Vaccines Required for School: Preschool -12th

August 1, 2022 to July 31, 2023

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (*Haemophilus influenzae* type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on 09/01/2022	4 doses DTaP	3 doses	3 or 4 doses** (depending on vaccine)	1 dose	4 doses**	3 doses	1 dose***
Preschool/Kindergarten (including Transitional Kindergarten) Age =4* years on 09/01/2022	5 doses DTaP**	3 doses	3 or 4 doses** (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses** (Not required at age ≥5 years)	4 doses**	2 doses***
Kindergarten through 6th Age ≥5 years on 09/01/2022	5 doses DTaP**	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses***
7th through 9th	5 doses DTaP** *Plus* Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses***
10th through 12th	5 doses DTaP** *Plus* Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses***

*Consistent with ACIP CDC Immunization Schedule. **Vaccine doses may be acceptable with fewer than listed depending on when they were given. ***Health care provider verification of history of chickenpox disease is also acceptable. See the Minimum Age and Interval Table on page 2 for required minimum age and spacing information of vaccine doses.
Find information on other vaccines that are recommended, but not required, for child care/preschool attendance at: www.immunize.org/cdc/schedules.
Review the Individual Vaccine Requirements Summary for more detailed information, located on our web page: www.doh.wa.gov/SCCI

To request this document in another format, call 1-800-525-0127.
Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

DOH 348-051 Dec 2021

Vaccines Required for Preschool-12 School 2022-2023

Vaccine	Dose #	Minimum Age	Minimum Interval* Between Doses	Notes
Hepatitis B (Hep B)	Dose 1	Birth	4 weeks between dose 1 & 2	2 doses are acceptable if both doses are documented as adult doses of Recombivax HB* given between ages 11 and 15. The doses must be separated by at least 4 months. Completing the Hepatitis B series is recommended but not required for students 19 years of age and older.
	Dose 2	4 weeks	8 weeks between dose 2 & 3	
	Dose 3	24 weeks	16 weeks between dose 1 & 3	
Diphtheria, Tetanus, and Pertussis (DTaP and Tdap)	Dose 1	6 weeks	4 weeks between dose 1 & 2	A 6 month interval is recommended between dose 3 and dose 4, but a minimum interval of 4 months is acceptable. Dose 5 not needed if dose 4 on or after the 4th birthday and at least 6 months after dose 3 DTaP can be given to children through age 6. If catch-up doses are needed at age 7 and older, Tdap is used followed by additional doses of Tdap or Td if needed. A Tdap booster dose is required for all students in grades 7-12. For students in 7th –9th grade, Tdap dose is acceptable if given on or after 10 years of age.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	6 months between dose 3 & 4	
	Dose 4	12 months	6 months between dose 4 & 5	
	Dose 5	4 years	—	
	Booster	10 years	—	
Haemophilus influenzae type B (Hib)	Dose 1	6 weeks	4 weeks between dose 1 & 2	If all 3 doses of PedvaxHIB given, only need 3 doses total. Dose 3 must be ≥12 months of age. Only one dose required if the dose is given on or after 15 months of age. Age ≥5 years: Not required because not routinely given to children age 5 years and older.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	8 weeks between dose 3 & 4	
	Dose 4	12 months	—	
Pneumococcal Conjugate (PCV13)	Dose 1	6 weeks	4 weeks between dose 1 & 2	Only one dose is required if the dose is given on or after 24 months of age. Age ≥5 years: Not required because not routinely given to children age 5 years and older.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	8 weeks between dose 3 & 4	
	Dose 4	12 months	—	
	Dose 2	10 weeks	4 weeks between dose 2 & 3	OPV given on or after 04/01/16 cannot be accepted as a valid dose in the series. Completing the polio series is recommended but not required for students 18 years of age and older. For 12 grade minimum age and intervals see Individual Vaccine Requirements Summary link below
	Dose 3	14 weeks	6 months between dose 3 & 4	
	Dose 4	4 years	—	
Measles, Mumps, and Rubella (MMR or MMRV)	Dose 1	12 months	4 weeks between dose 1 & 2	MMRV (MMR + Varicella) may be used in place of separate MMR and varicella vaccines. Must be given the same day as varicella OR at least 28 days apart, also see* footnote.
	Dose 2	13 months	—	
Varicella (Chickenpox) (VAR)	Dose 1	12 months	3 months between dose 1 & 2 (12 months through 12 years). 4 weeks between dose 1 & 2 (13 years and older)	Recommended: 3 months between varicella doses, but at least 28 days minimum interval is acceptable. Healthcare provider verification of disease history is acceptable to document immunity. Must be given the same day as MMR OR at least 28 days apart, also see* footnote.
	Dose 2	15 months	—	

***The 4 day grace period can be applied to all doses except between two doses of different live vaccines (such as MMR, MMRV, varicella, and Flumist).**

See the Individual Vaccine Requirements Summary for more details about the schedules: https://www.doh.wa.gov/SCCI

DOH 348-051 Dec 2021

Vaccines Required for Child Care 2022-2023

Vaccines Required for Child Care

	Hepatitis B	DTaP (Diphtheria, Tetanus, Pertussis)	Hib (*Haemophilus influenzae* type B)	Polio	PCV (Pneumococcal Conjugate)	MMR (Measles, mumps rubella)	Varicella (Chickenpox)
By 3 Months	2 doses	1 dose	1 dose	1 dose	1 dose	Not routinely given before 12 months of age	Not routinely given before 12 months of age
By 5 Months	2 doses	2 doses	2 doses	2 doses	2 doses		
By 7 Months	2 doses	3 doses	2 or 3 doses (depending on vaccine)	2 doses	3 doses		
By 16 Months	2 doses	3 doses	3 or 4 doses (depending on vaccine)	2 doses	4 doses	1 dose	1 dose
By 19 Months	3 doses	4 doses	3 or 4 doses (depending on vaccine)	3 doses	4 doses	1 dose	1 dose
By 7 years or preschool/ school entry at ≥ 4 years*	3 doses	5 doses	Not routinely given to children age 5 years and older	4 doses	Not routinely given to children age 5 years and older	2 doses	2 doses

***Children attending Preschool-12th grade must meet the immunization requirements for their grade in school.**

Find the Preschool-12th grade requirement chart and in the Individual Vaccine Requirements Summary immunization requirements section of the web page: www.doh.wa.gov/SCCI

See the Minimum Age and Interval Table on page 2 for required minimum age and spacing information of vaccine doses.

Find information on other vaccines that are recommended, but not required, for child care/preschool attendance at: www.immunize.org/cdc/schedules.

To request this document in another format, call 1-800-525-0127.
Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

DOH 348-053 Dec 2021

Vaccines Required for Child Care 2022-2023

Vaccines Required for Child Care

	Hepatitis B	DTaP (Diphtheria, Tetanus, Pertussis)	Hib (*Haemophilus influenzae* type B)	Polio	PCV (Pneumococcal Conjugate)	MMR (Measles, mumps rubella)	Varicella (Chickenpox)
By 3 Months	2 doses	1 dose	1 dose	1 dose	1 dose	Not routinely given before 12 months of age	Not routinely given before 12 months of age
By 5 Months	2 doses	2 doses	2 doses	2 doses	2 doses		
By 7 Months	2 doses	3 doses	2 or 3 doses (depending on vaccine)	2 doses	3 doses		
By 16 Months	2 doses	3 doses	3 or 4 doses (depending on vaccine)	2 doses	4 doses	1 dose	1 dose
By 19 Months	3 doses	4 doses	3 or 4 doses (depending on vaccine)	3 doses	4 doses	1 dose	1 dose
By 7 years or preschool/ school entry at ≥ 4 years*	3 doses	5 doses	Not routinely given to children age 5 years and older	4 doses	Not routinely given to children age 5 years and older	2 doses	2 doses

***Children attending Preschool-12th grade must meet the immunization requirements for their grade in school.**

Find the Preschool-12th grade requirement chart and in the Individual Vaccine Requirements Summary immunization requirements section of the web page: www.doh.wa.gov/SCCI

See the Minimum Age and Interval Table on page 2 for required minimum age and spacing information of vaccine doses.

Find information on other vaccines that are recommended, but not required, for child care/preschool attendance at: www.immunize.org/cdc/schedules.

To request this document in another format, call 1-800-525-0127.
Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

DOH 348-053 Dec 2021

Health

INDIVIDUAL VACCINE REQUIREMENTS SUMMARY

Guidelines on Immunizations Required for Child Care/Preschool and School Entry in Washington State

SCHOOL YEAR 2022-2023

INTRODUCTION

The Individual Vaccine Requirements Summary (IVRS) 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 Centers for Disease Control and Prevention (CDC) 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, the exceptions to the schedule and the catch-up schedule. Exceptions may apply when the ACIP recommendations are not followed.

Find the ACIP schedules here: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

To request this document in another format, call 1-800-525-0127.
Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

DOH 348-284 December 2021

IVRS:

Individual Vaccine Requirements Summary

Available on our website:
www.doh.wa.gov/SCCI

Poll Question 2

Children 4 years old on Sept. 1st attending preschool or transitional kindergarten can wait till age 5 to have the booster doses of DTaP, IPV, MMR and varicella.

A. True

B. False

CERTIFICATE OF IMMUNIZATION STATUS (CIS)

CIS Medical Verification

Medical Verification for Accuracy:

- CIS printed from the WA Immunization Information System (IIS).
  - A CIS printed from the IIS is medically verified by the IIS. *No additional parent or health care provider signature is needed to verify the accuracy of the information.*
    - Validated CIS
    - CIS printed from MyIR
- Hardcopy Certificate of Immunization Status (CIS) completed by hand:
  - Verified as accurate with a health care provider signature. ***OR***
  - Verified as accurate by a school nurse, administrator, child care health consultant or their designee after comparing the information on the CIS with attached medical vaccination records

Only the hardcopy CIS needs to be medically verified by signature.

Validated CIS

Washington State Department of Health

Certificate of Immunization Status (CIS)

Reviewed by: Date:
Signed COE on File? □ Yes □ No

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIIS ID Number
CAT	IRIS LILY		02/01/2019	11846329

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.

I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.

Parent/Guardian Signature Date

Parent/Guardian Signature Required if Starting in Conditional Status Date

NOT COMPLETE

Assessment of Required Immunizations for CHILD CARE BY 19 MONT
Expiration Date:
Validated by the Immunization Information System on 10/20/2021

can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete.
If documentation is not provided within the conditional period, the student must be excluded from further attendance.

Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS

* Required for Preschool/Child Care Only	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	Positive Titer
DT or Td (Tetanus, Diphtheria)							
Hepatitis B							IMMUNE
Hib (*Haemophilus influenzae type b*)*	04/01/2019	06/01/2019	08/01/2019				
IPV (Polio)	04/01/2019	06/01/2019	08/01/2019				
OPV (Polio)							
MMR (Measles, Mumps, Rubella)							
PCV/PPSV (Pneumococcal)*	04/01/2019	06/01/2019	08/01/2019				
Varicella (Chickenpox) ☑ History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Validation is:

- Complete
- Not Complete
- Conditional

For series selected

- Age for Child Care
- Preschool
- Grade K-6
- Grade 7-9
- Grade 10-12

Validated CIS

Washington State Department of Health

Certificate of Immunization Status (CIS)

Reviewed by: Date:
Signed COE on File? ☐ Yes ☐ No

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIIS ID Number
CAT	IRIS LILY		02/01/2019	11846329

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.	I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.
Parent/Guardian Signature **Date**	**Parent/Guardian Signature Required if Starting in Conditional Status** **Date**

NOT COMPLETE

Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS

Validated by the Immunization Information System on 10/20/2021

Conditional Status: Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete.
If documentation is not provided within the conditional period, the student must be excluded from further attendance.

* Required for Preschool/Child Care Only	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	Positive Titer
Required Vaccines for School or Child Care Entry							
DTaP (Diphtheria, Tetanus, Pertussis)	04/01/2019	06/01/2019	08/01/2019				
Hib (*Haemophilus influenzae type b*)*	04/01/2019	06/01/2019	08/01/2019				
IPV (Polio)	04/01/2019	06/01/2019	08/01/2019				
OPV (Polio)							
MMR (Measles, Mumps, Rubella)							
PCV/PPSV (Pneumococcal)*	04/01/2019	06/01/2019	08/01/2019				
Varicella (Chickenpox) ☑ History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Validated by the Immunization Information System on 10/20/2021

Shows date CIS was printed and validated

No provider or parent validation signature is needed

Validated CIS

Washington State Department of Health

Certificate of Immunization Status (CIS)

Reviewed by: Date:
Signed COE on File? ☐ Yes ☐ No

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIIS ID Number
CAT	IRIS LILY		02/01/2019	11846329

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.	I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.
Parent/Guardian Signature **Date**	**Parent/Guardian Signature Required if Starting in Conditional Status** **Date**

NOT COMPLETE

Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS
Expiration Date:

Conditional Status: Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. Students in conditional status may remain in school while waiting for the

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.

Parent/Guardian Signature **Date**

MMR (Measles, Mumps, Rubella)							
PCV/PPSV (Pneumococcal)*	04/01/2019	06/01/2019	08/01/2019				
Varicella (Chickenpox) ☑ History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Place for parent/guardian to give permission to add info to the IIS

Needed if using the IIS School Module IF info is missing in the IIS

Signature is optional

Validated CIS

Certificate of Immunization Status (CIS)

Reviewed by: Date:
Signed COE on File? ☐ Yes ☐ No

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIIS ID Number
CAT	IRIS LILY		02/01/2019	11846329

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.

I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.

Parent/Guardian Signature — Date

Parent/Guardian Signature Required if Starting in Conditional Status — Date

NOT COMPLETE

I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.

Parent/Guardian Signature Required if Starting in Conditional Status **Date**

IPV (Polio)	04/01/2019	06/01/2019	08/01/2019				
OPV (Polio)							
MMR (Measles, Mumps, Rubella)							
PCV/PPSV (Pneumococcal)*	04/01/2019	06/01/2019	08/01/2019				
Varicella (Chickenpox) ☑ History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Place for parent/guardian to acknowledge child's conditional status entry

Signature is *required* if the child will be attending in conditional status

Validated CIS

Washington State Department of Health

Certificate of Immunization Status (CIS)

Reviewed by: Date:
Signed COE on File? □ Yes □ No

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIIS ID Number
CAT	IRIS LILY		02/01/2019	11846329

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.

I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.

Parent/Guardian Signature **Date**

Parent/Guardian Signature Required if Starting in Conditional Status **Date**

NOT COMPLETE

Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS
Expiration Date: _____
Validated by the Immunization Information System on 10/20/2021

Conditional Status: Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete.
If documentation is not provided within the conditional period, the student must be excluded from further attendance.

* Required for Preschool/Child Care Only	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	Positive Titer
Required Vaccines for School or Child Care Entry							
DTaP (Diphtheria, Tetanus, Pertussis)	04/01/2019	06/01/2019	08/01/2019				
Tdap (Tetanus, Diphtheria, Pertussis)							
DT or Td (Tetanus, Diphtheria)							
Hepatitis B							IMMUNE
Hib (*Haemophilus influenzae type b*)*	04/01/2019	06/01/2019	08/01/2019				
IPV (Polio)	04/01/2019	06/01/2019	08/01/2019				
OPV (Polio)							
MMR (Measles, Mumps, Rubella)							
PCV/PPSV (Pneumococcal)*	04/01/2019	06/01/2019	08/01/2019				
Varicella (Chickenpox) ☑ History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

IMMUNE

Immunity:

Lab evidence of immunity entered by providers in the IIS will display on the Positive Titer column.

This is considered provider verification of immunity.

Validated CIS

Washington State Department of Health

Certificate of Immunization Status (CIS)

Reviewed by: Date:
Signed COE on File? ☐ Yes ☐ No

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIIS ID Number
CAT	IRIS LILY		02/01/2019	11846329

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.	I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.
Parent/Guardian Signature **Date**	**Parent/Guardian Signature Required if Starting in Conditional Status** **Date**

NOT COMPLETE

Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS Expiration Date: _____ Validated by the Immunization Information System on 10/20/2021	Conditional Status: Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete. If documentation is not provided within the conditional period, the student must be excluded from further attendance.

* Required for Preschool/Child Care Only	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	Positive Titer
Required Vaccines for School or Child Care Entry							
DTaP (Diphtheria, Tetanus, Pertussis)	04/01/2019	06/01/2019	08/01/2019				
Tdap (Tetanus, Diphtheria, Pertussis)							
IPV (Polio)	04/01/2019	06/01/2019	08/01/2019				
OPV (Polio)							
MMR (Measles, Mumps, Rubella)							
PCV/PPSV (Pneumococcal)*	04/01/2019	06/01/2019	08/01/2019				
Varicella (Chickenpox) ☑ History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Varicella (Chickenpox) ☑ History of disease verified by IIS

History of Chickenpox Disease:

Checks the box on Varicella line if history of chickenpox disease is entered in the IIS.

This is considered provider verification.

Validated CIS – Page 2 Action Report

Washington State Department of Health

Action Report

Name:	IRIS LILY CAT	**SIIS Patient ID:**	11846329
Date of Birth:	02/01/2019	**Age:**	2 years 8 months 19 days
Report Date:	10/20/2021	**Status:**	Not Complete

Required Vaccines for School or Child Care Entry

Vaccine	Dose Due on or After
HIB	02/01/2020
MMR	02/01/2020
PNEUMO (PCV)	02/01/2020
DTaP/DT/Td	05/01/2020

Recommended Vaccines (Not Required)

Vaccine	Dose Due on or After
POLIO	02/01/2023
FLU	08/01/2019
HEP-A	02/01/2020
HPV	02/01/2030
MENINGOCOCCAL	02/01/2030
Coronavirus (SARS-CoV-2)(COVID-19)	02/01/2031
MENINGOCOCCAL B, OMV	02/01/2035
MENINGOCOCCAL B, RECOMBINANT	02/01/2035

Invalid Vaccine Doses Not Printed on the CIS

Vaccine	Invalid Dose Date	Reason for Invalid Dose
MMR	X 11/01/2019	Minimum age for this dose not met.

Validated CIS – Page 2 Action Report

Action Report

Name:	IRIS LILY CAT	**SIIS Patient ID:**	11846329
Date of Birth:	02/01/2019	**Age:**	2 years 8 months 19 days
Report Date:	10/20/2021	**Status:**	Not Complete

Required Vaccines for School or Child Care Entry

Vaccine	Dose Due on or After
HIB	02/01/2020
MMR	02/01/2020
PNEUMO (PCV)	02/01/2020
DTaP/DT/Td	05/01/2020

Recommended Vaccines (Not Required)

Vaccine	Dose Due on or After
POLIO	02/01/2023
FLU	08/01/2019
HEP-A	02/01/2020
HPV	02/01/2030
MENINGOCOCCAL	02/01/2030
	02/01/2031
	02/01/2035
	02/01/2035

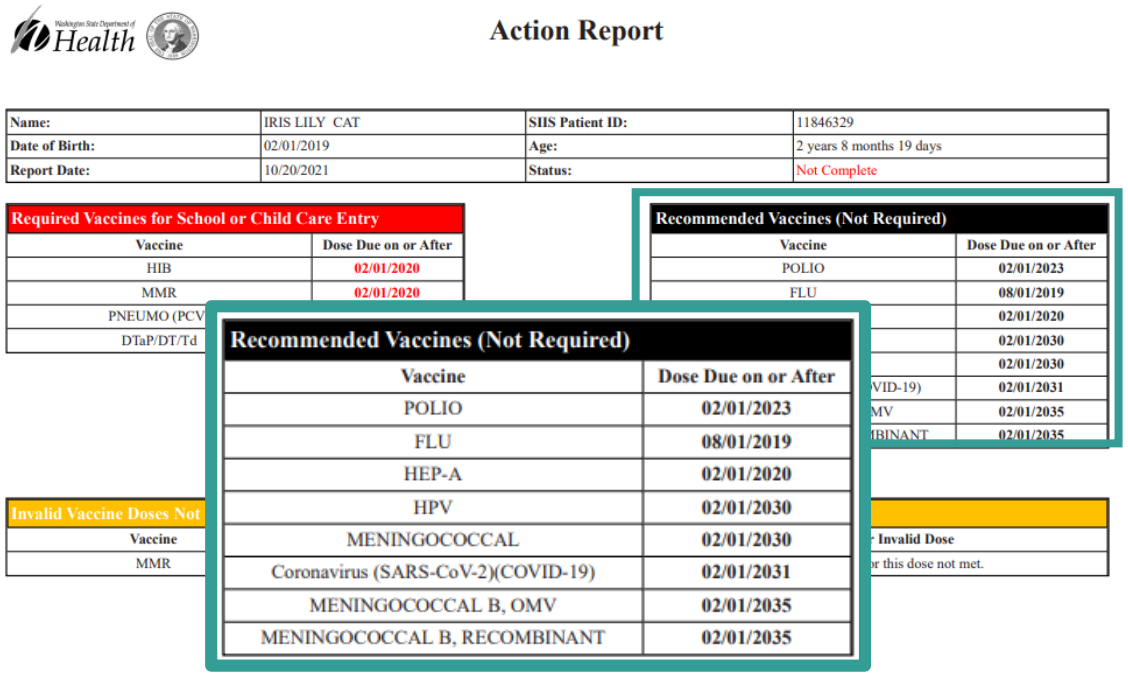
Required Vaccines for School or Child Care Entry

Vaccine	Dose Due on or After
HIB	02/01/2020
MMR	02/01/2020
PNEUMO (PCV)	02/01/2020
DTaP/DT/Td	05/01/2020

Lists:

- Missing required vaccinations

Validated CIS – Page 2 Action Report



Washington State Department of Health

Action Report

Name:	IRIS LILY CAT	**SIIS Patient ID:**	11846329
Date of Birth:	02/01/2019	**Age:**	2 years 8 months 19 days
Report Date:	10/20/2021	**Status:**	Not Complete

Required Vaccines for School or Child Care Entry

Vaccine	Dose Due on or After
HIB	02/01/2020
MMR	02/01/2020
PNEUMO (PCV	
DTaP/DT/Td	

Recommended Vaccines (Not Required)

Vaccine	Dose Due on or After
POLIO	02/01/2023
FLU	08/01/2019
	02/01/2020
	02/01/2030
	02/01/2030
VID-19)	02/01/2031
MV	02/01/2035
IBINANT	02/01/2035

Recommended Vaccines (Not Required)

Vaccine	Dose Due on or After
POLIO	02/01/2023
FLU	08/01/2019
HEP-A	02/01/2020
HPV	02/01/2030
MENINGOCOCCAL	02/01/2030
Coronavirus (SARS-CoV-2)(COVID-19)	02/01/2031
MENINGOCOCCAL B, OMV	02/01/2035
MENINGOCOCCAL B, RECOMBINANT	02/01/2035

Invalid Vaccine Doses Not

Vaccine	Invalid Dose
MMR	r this dose not met.

Lists:

- Recommended but not required vaccinations

Validated CIS – Page 2 Action Report

Washington State Department of Health

Action Report

Name:	IRIS LILY CAT	**SIIS Patient ID:**	11846329
Date of Birth:	02/01/2019	**Age:**	2 years 8 months 19 days
Report Date:	10/20/2021	**Status:**	Not Complete

Required Vaccines for School or Child Care Entry

Vaccine	Dose Due on or After
HIB	02/01/2020
MMR	02/01/2020

Recommended Vaccines (Not Required)

Vaccine	Dose Due on or After
POLIO	02/01/2023
FLU	08/01/2019

Invalid Vaccine Doses Not Printed on the CIS

Vaccine	Invalid Dose Date	Reason for Invalid Dose
MMR	X 11/01/2019	Minimum age for this dose not met.

Invalid Vaccine Doses Not Printed on the CIS

Vaccine	Invalid Dose Date	Reason for Invalid Dose
MMR	X 11/01/2019	Minimum age for this dose not met.

Lists:

- Invalid doses with reason invalid
- Invalid doses not print on the CIS page 1
- If a repeat dose is needed it will be in the required or recommended boxes

MYIR CIS

MyIR CIS

Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

Office Use Only:
Reviewed by: MyIR Date:03/24/2020
Signed Cert. of Exemption on file? ❑ Yes ☒ No

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (mm/dd/yyyy):	Sex:
Catchup	DTP		10/12/2005	F

Symbols below:
- ◆ Required for School and Child Care/Preschool
- ● Required for Child Care/Preschool Only
- ■ Recommended, but not required

I certify that the information provided on this form is correct and verifiable.
Katherine Graff 03/24/2020
Parent/Guardian Signature Required Date

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.
Parent/Guardian Signature Required Date

Vaccine	Dose	Date Month	Date Day	Date Year
◆ Hepatitis B (Hep B)				
Hep B	1	10	14	2005
Hep B	2	02	16	2006
Hep B	3	10	27	2006
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
■ Rotavirus (RV1, RV5)				
	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap)				
Tdap	1	01	10	2014
■ Tetanus, Diphtheria (Td)				
Td (adult) unspecified formula	1	03	10	2014
Td (adult) unspecified formula	2	10	10	2014
● *Haemophilus influenzae* type b (Hib)				
	1			
	2			
	3			
	4			
■ Influenza (flu, most recent)				

Vaccine	Dose	Date Month	Date Day	Date Year
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			
	5			
◆ Polio (IPV, OPV)				
IPV	1	12	01	2005
IPV	2	02	16	2006
IPV	3	04	14	2006
IPV	4	12	13	2009
◆ Measles, Mumps, Rubella (MMR)				
MMR	1	11	22	2006
MMR	2	08	18	2011
◆ Varicella (chickenpox)				
	1			
	2			
■ Hepatitis A (Hep A)				
	1			
	2			
■ Human Papillomavirus (HPV) – does not print from the IIS; write dates in by hand				
	1			
	2			
	3			
■ Meningococcal (MCV, MPSV)				
	1			
	2			

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.
Mark option 1, 2, OR 3 below (see # 5 on back)

1) ☒ **Chickenpox disease verified by printout from the Immunization Information System (IIS)**
Must be marked by printout (not by hand) to be valid.

2) ❑ **Chickenpox disease verified by healthcare provider (HCP)**
If you choose this box, mark 2A OR 2B below.
2A) ❑ Signed note from HCP attached OR
2B) ❑ HCP sign here and print name below:

Licensed healthcare provider signature Date
(MD, DO, ND, PA, ARNP)

Printed Name:

3) ❑ **Chickenpox disease verified by school staff from the Immunization Information System**

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.
Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.
Signed lab report(s) MUST also be attached.

❑ Diphtheria	❑ Mumps	❑ Other:
❑ Hepatitis A	❑ Polio	_____
❑ Hepatitis B	❑ Rubella	_____
❑ Hib	❑ Tetanus	
❑ Measles	❑ Varicella	

Licensed healthcare provider signature Date
(MD, DO, ND, PA, ARNP)

Printed Name:

Currently using the previous version of the WAIIS CIS.

Can still accept this as a valid medically verified CIS form

Prints valid and *invalid* dates. Check date for age and interval

MyIR CIS

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.
Mark option 1, 2, OR 3 below (see # 5 on back)

1) ☒ Chickenpox disease verified by printout from the Immunization Information System (IIS)
Must be marked by printout (not by hand) to be valid.

History of Chickenpox Disease:

Checks the box in section 1 of chickenpox disease section if history of chickenpox disease is entered in the IIS.

This is considered provider verification.

HARDCOPY CIS

Hardcopy CIS

Washington State Department of Health

Certificate of Immunization Status (CIS)

Reviewed by: Date:
Signed COE on File? ☐ Yes ☐ No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.	Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.
X _____ Parent/Guardian Signature Date	X _____ Parent/Guardian Signature Required if Starting in Conditional Status Date

▲Required for School ● Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (*Haemophilus influenzae type b*)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) ☐ History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:
☐ A verified history of varicella (chickenpox) disease.
☐ Laboratory evidence of immunity (titer) to disease(s) marked below.

☐ Diphtheria	☐ Hepatitis A	☐ Hepatitis B
☐ Hib	☐ Measles	☐ Mumps
☐ Rubella	☐ Tetanus	☐ Varicella

☐Polio (all 3 serotypes must show immunity)

▶

Licensed Health Care Provider Signature Date

▶

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date:_____ If verified by school or child care staff the medical immunization records must be attached to this document.

Hardcopy CIS

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date:_____ If verified by school or child care staff the medical immunization records must be attached to this document.

Must be medically verified for accuracy by:

- A health care provider
  - Licensed, certified or registered in a profession listed in RCW 18.130.040(2), if administering vaccinations is within the profession's scope of practice.
  - If signed by a health care provider, no medical immunization records need to be attached to the CIS.

OR

- A school nurse, administrator, child care health consultant or their designee.
  - Before signing they must determine the information on the CIS is accurate after comparing it with the attached medical vaccination records.
  - If not signed by a health care provider must have medical vaccination records attached before they can be turned in to the school or child care.

Medical Vaccination Records

Medical Vaccination Records Include:

- Provider records
- Another state registry: https://www.cdc.gov/vaccines/programs/iis/contacts-locate-records.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fprograms%2Fiis%2Fcontacts-registry-staff.html
- Lifetime Immunization record completed by provider

More examples in the Acceptable Versions of a Certificate of Immunization Status (PDF)

Hardcopy CIS

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider. I certify that the child named on this CIS has: ☐ A verified history of varicella (chickenpox) disease. ☐ Laboratory evidence of immunity (titer) to disease(s) marked below.		
☐ Diphtheria	☐ Hepatitis A	☐ Hepatitis B
☐ Hib	☐ Measles	☐ Mumps
☐ Rubella	☐ Tetanus	☐ Varicella
☐Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature Date		
▶		
Printed Name		

Has a place for provider to

- Verify history of chickenpox disease
- Verify lab evidence of immunity
  - Polio: must have documented immunity to all 3 polio viruses

Hardcopy CIS

Washington State Department of Health

Certificate of Immunization Status (CIS)

Reviewed by: Date:
Signed COE on File? ☐ Yes ☐ No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.	Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.
X _____ Parent/Guardian Signature Date	X _____ Parent/Guardian Signature Required if Starting in Conditional Status Date

▲Required for School ● Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (*Haemophilus influenzae type b*)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) ☐ History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:
☐ A verified history of varicella (chickenpox) disease.
☐ Laboratory evidence of immunity (titer) to disease(s) marked below.

☐ Diphtheria	☐ Hepatitis A	☐ Hepatitis B
☐ Hib	☐ Measles	☐ Mumps
☐ Rubella	☐ Tetanus	☐ Varicella

☐Polio (all 3 serotypes must show immunity)

► Licensed Health Care Provider Signature Date

► Printed Name

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: _____ Signature: _____ Date: _____
If verified by school or child care staff the medical immunization records must be attached to this document.

Hardcopy CIS

Washington State Department of Health

Certificate of Immunization Status (CIS)

Reviewed by: Date:
Signed COE on File? ☐ Yes ☐ No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
Cat	Sparky	M	02/01/2019

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.	Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.
X Parent/Guardian Signature Date	X Parent/Guardian Signature Required if Starting in Conditional Status Date

▲Required for School ● Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)	4/1/19	6/1/19	8/1/19	8/1/20		
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B	2/1/19	4/1/19	8/1/19			
● Hib (*Haemophilus influenzae type b*)	4/1/19	6/1/19	2/1/20			
●▲ IPV (Polio) (any combination of IPV/OPV)	4/1/19	6/1/19	8/1/19			
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)	2/1/20					
● PCV/PPSV (Pneumococcal)	3/1/21					
●▲ Varicella (Chickenpox) ☐ History of disease verified by IIS	2/1/20					
Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:
☐ A verified history of varicella (chickenpox) disease.
☐ Laboratory evidence of immunity (titer) to disease(s) marked below.

☐ Diphtheria	☐ Hepatitis A	☐ Hepatitis B
☐ Hib	☐ Measles	☐ Mumps
☐ Rubella	☐ Tetanus	☐ Varicella

☐Polio (all 3 serotypes must show immunity)

▶

Licensed Health Care Provider Signature Date

▶

Printed Name

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: Katherine Graff Signature: Katherine Graff Date: 9/1/21
If verified by school or child care staff the

Hardcopy CIS

Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:
Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at https://wa.myir.net. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waiisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:
1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediatrix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
   - ☐ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
   - ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records
All vaccination records must be medically verified. Examples include:
- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status
Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order For updated list, visit https://www.cdc.gov/vaccines/terms/usvaccines.html

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 November 2019

CONDITIONAL STATUS

Conditional Status

Starting 08/01/2020:

- Immunization documentation must be turned in before they can start child care or school.
- There is no longer an automatic 30-day conditional period from the first day.
- Children must have **all vaccinations they are eligible to receive** on or before the first day of attendance

If more doses needed after having all the doses they are eligible to receive:

- Child can attend in “Conditional Status”
- Parent/guardian must acknowledge conditional status entry and timelines on the CIS

Conditional Status

Children can attend in conditional status until the next dose can be given plus an additional 30 days to get the dose.

- If the 30 days expires without documentation of immunization or an exemption the child is out of compliance
- Children out of compliance must be excluded. RCW 28A.210.120

Exceptions:

- McKinney-Vento and children in foster care without immunization documentation must be enrolled and cannot be excluded
- Children of active-duty parents must turn in documentation before attending but have 30 days from enrollment to get any needed additional vaccine doses

EXEMPTIONS FROM THE SCHOOL AND CHILDCARE IMMUNIZATION REQUIREMENTS AND THE CERTIFICATE OF EXEMPTION (COE)

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 turn in 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

Certificate of Exemption—Personal/Religious

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: **First Name:** **Middle Initial:** **Birthdate (MM/DD/YYYY):**

NOTICE: A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted child/student may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine-preventable diseases still exist, and can spread quickly in school and child care settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

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):

PERSONAL/PHILOSOPHICAL EXEMPTION*

- ☐ Diphtheria
- ☐ Hepatitis B
- ☐ Hib
- ☐ Pneumococcal
- ☐ Polio
- ☐ Pertussis (whooping cough)
- ☐ Tetanus
- ☐ Varicella (chickenpox)

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

RELIGIOUS EXEMPTION

- ☐ Diphtheria
- ☐ Hepatitis B
- ☐ Hib
- ☐ Pneumococcal
- ☐ Polio
- ☐ Pertussis (whooping cough)
- ☐ Tetanus
- ☐ Varicella (chickenpox)
- ☐ Measles
- ☐ Mumps
- ☐ Rubella

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.

X _____ _____ _____

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.

X _____ _____ _____

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

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

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.

X _____ _____ _____

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

If you have a disability and need this form in a different format please call 1-800-525-0127 (TDD/TTY Call 711). DOH-348-106 October 2019

Certificate of Exemption—Medical

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: **First Name:** **Middle Initial:** **Birthdate (MM/DD/YYYY):**

NOTICE: This form may be used to exempt a child from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for the child for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.

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 their 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/hcp/acip-recs/general-recs/contraindications.html.

Please indicate which vaccination the medical exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt.":

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	☐	☐	☐	
Hepatitis B	☐	☐	☐	
Hib	☐	☐	☐	
Measles	☐	☐	☐	
Mumps	☐	☐	☐	
Pertussis	☐	☐	☐	
Pneumococcal	☐	☐	☐	
Polio	☐	☐	☐	
Rubella	☐	☐	☐	
Tetanus	☐	☐	☐	
Varicella	☐	☐	☐	

Health Care Practitioner Declaration

I declare that vaccination for the disease(s) checked above is/are 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.

X _____ _____ _____

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.

X _____ _____ _____

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

If you have a disability and need this form in a different format please call 1-800-525-0127 (TDD/TTY Call 711). DOH-348-106 October 2019

Types of Exemptions for Children

- Personal or philosophical exemption
  - not allowed for measles, mumps or rubella immunization requirements
- Religious
- Religious membership
- Medical

Philosophical/Personal and Religious

Personal or Philosophical Exemption:

- To be used when the parent/guardian has a *personal or philosophical objection to the immunization* of the child.
- Cannot be used for the measles, mumps and rubella immunization requirements.

Religious Exemption:

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

There is no requirement for a parent to validate or prove their personal or religious beliefs.

Personal or Religious Exemption

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):

PERSONAL/PHILOSOPHICAL EXEMPTION*

☐ Diphtheria	☐ Hepatitis B	☐ Hib	☐ Pneumococcal
☐ Polio	☐ Pertussis (whooping cough)	☐ Tetanus	☐ Varicella (chickenpox)

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

RELIGIOUS EXEMPTION

☐ Diphtheria	☐ Hepatitis B	☐ Hib	☐ Pneumococcal
☐ Polio	☐ Pertussis (whooping cough)	☐ Tetanus	☐ Varicella (chickenpox)
☐ Measles	☐ Mumps	☐ Rubella	

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.

X

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.

X

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

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

Use for parent-requested exemptions or alternate schedules

Needs parent and health care practitioner signatures

Education Requirement

Philosophical/Personal and Religious Exemptions must have the signature of a health care practitioner that he or she

> *"provided the signator with information about the benefits and risks of immunization to the child."*

Health care practitioner is a physician (MD, DO), Naturopath (ND), Physician Assistant (PA) or Advanced Registered Nurse Practitioner (ARNP) licensed in WA State

RCW28A.210.090

Clinician and child care or school staff have no role in assessing parents' personal or religious beliefs.

Religious Membership Exemption

To be used when the parent/guardian affirms *membership in a church or religious body that does not allow* their child to get medical treatment by a health care practitioner.

- No health care practitioner signature is required.
- If the parent or guardian takes their child to see a health care practitioner for things like illness, and injury care they cannot use this exemption. They need to use the Religious or Personal Exemption area of the COE which must have a health care 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.

X

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

Religious Membership Exemption

Parent affirms they belongs to a church or religion that does not allow ANY medical treatment by a health care practitioner

Child Care or school does NOT need to verify the religious beliefs.

Needs parent signature but does not need health care practitioner signature

Medical Exemption

Granted by a health care practitioner when **in their judgement** the vaccine is not advisable for the child.

Guidance about contraindications to vaccination:

- Recommendations of the Advisory Committee on Immunization Practices: www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm
- Vaccine manufacturer's package insert

Permanent or Temporary:

- Both require health care practitioner and parent/guardian signatures.
- When a temporary exemption ends the child has 30 days to get the vaccine or another exemption.

Please indicate which vaccination the medical exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt.":

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	☐	☐	☐	
Hepatitis B	☐	☐	☐	
Hib	☐	☐	☐	
Measles	☐	☐	☐	
Mumps	☐	☐	☐	
Pertussis	☐	☐	☐	
Pneumococcal	☐	☐	☐	
Polio	☐	☐	☐	
Rubella	☐	☐	☐	
Tetanus	☐	☐	☐	
Varicella	☐	☐	☐	

Medical Exemption Exemption

Indicates for each disease whether the child is not exempt, permanently exempt or temporarily exempt.

If temporarily exempt it must have an expiration date.

Exemption Considerations

- New form should be used for all NEW exemptions
- Children with existing exemptions DO NOT need to resubmit a new COE
- Incomplete or improperly completed forms should be returned to the parent or HCP to complete
- If an exemption is no longer needed because the child has received the needed immunizations remove the exemption from your tracking system
- Additional exemption information including a fact sheet and FAQs: www.doh.wa.gov/SCCI

Poll Question 3

The health care practitioner signature on a personal or religious Certificate of Exemption means:

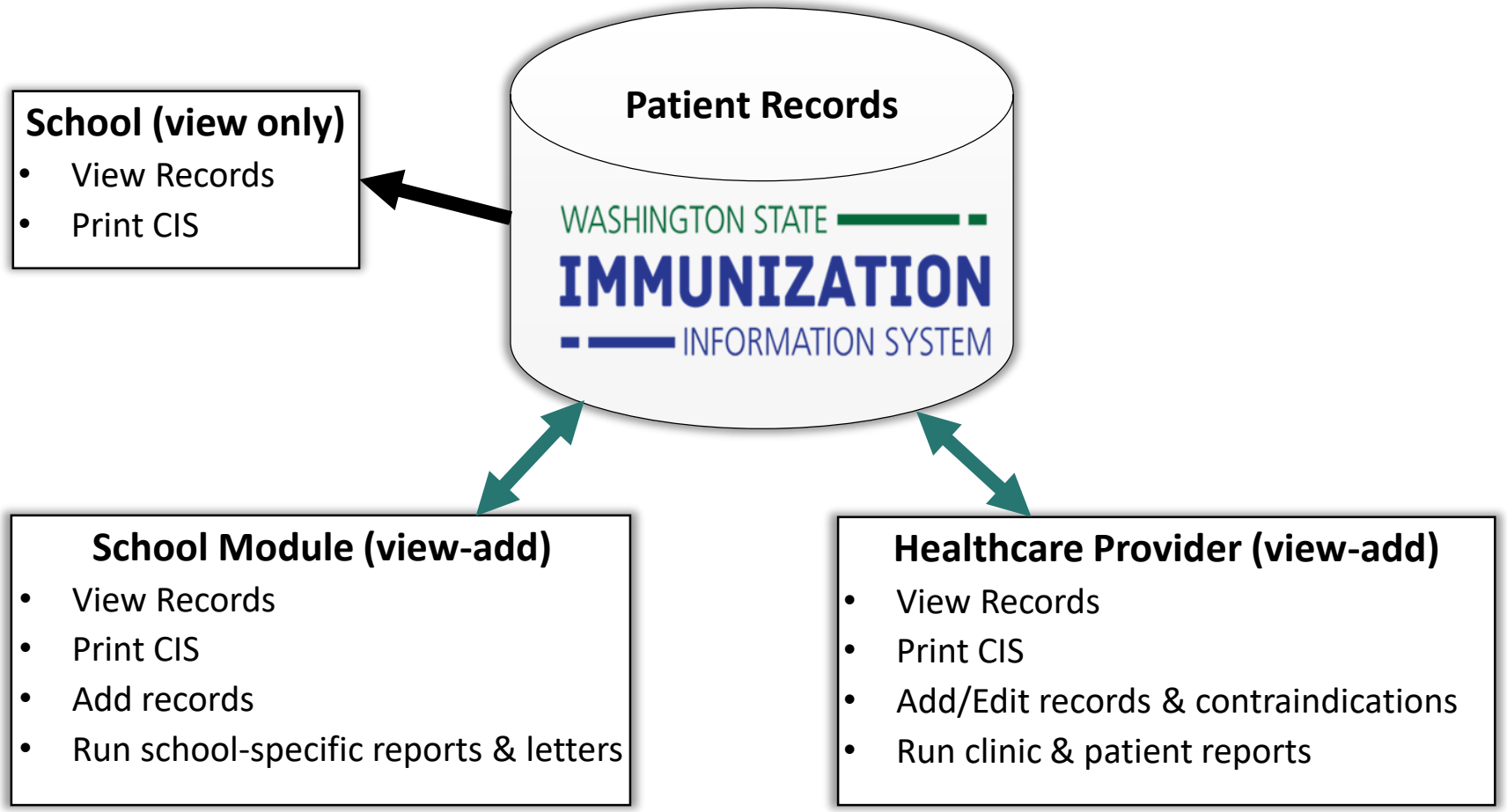
A: That they agree with the parent's objection to vaccination

B: That they have verified that the parent's objection to vaccination is genuine

C: That they have provided the parent with information about the benefits and risks of vaccination

WAIIS SCHOOL MODULE ROLL-OUT

Relationship of the School Module to the Immunization Information System (IIS)



Who is Using the School Module

- 160 Public School Districts
- 61 Private Schools
- 5 Charter Schools
- 6 Child Care/Head Start/ECEAPs

About 558,000 or 51% of public students in Washington

List of schools using the School Module on the website:

www.doh.wa.gov/SchoolModule

Interested in using the School Module? Here's how to start:

- Visit our website at School Module :: Washington State Department of Health to find our onboarding process outline.
- Talk to administrators and IT staff about the School Module. Use the Talking Points for School Nurses to help guide the conversation.
- Complete the Information Sharing Agreement and Cover Sheet It must be signed by the school nurse and district superintendent (public schools) or principal (private schools).
- Email us to let us know you have started the onboarding process and to complete the School Module training and get user accounts set up.
- Start using the School Module!

School Module Resources

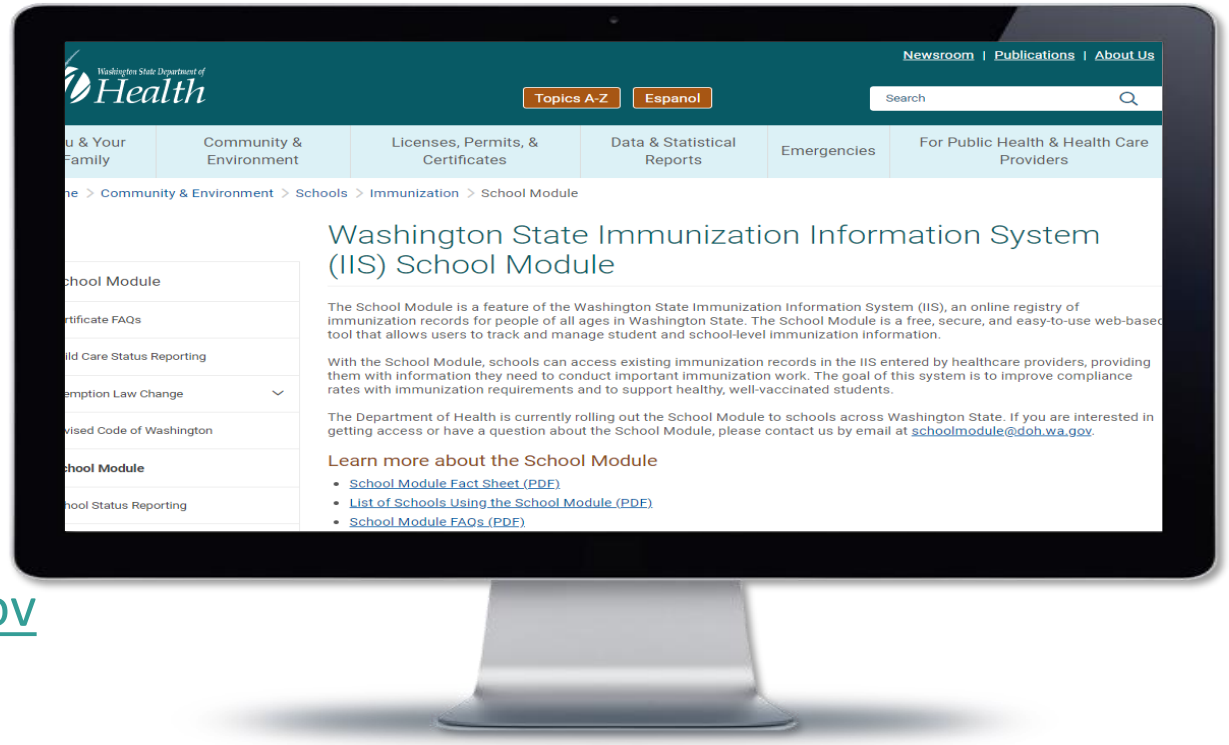
Website:

[www.doh.wa.gov/School Module](www.doh.wa.gov/SchoolModule)

Questions?

Email us at:

SchoolModule@doh.wa.gov



Resources

School and Child Care Immunization Page

Website:

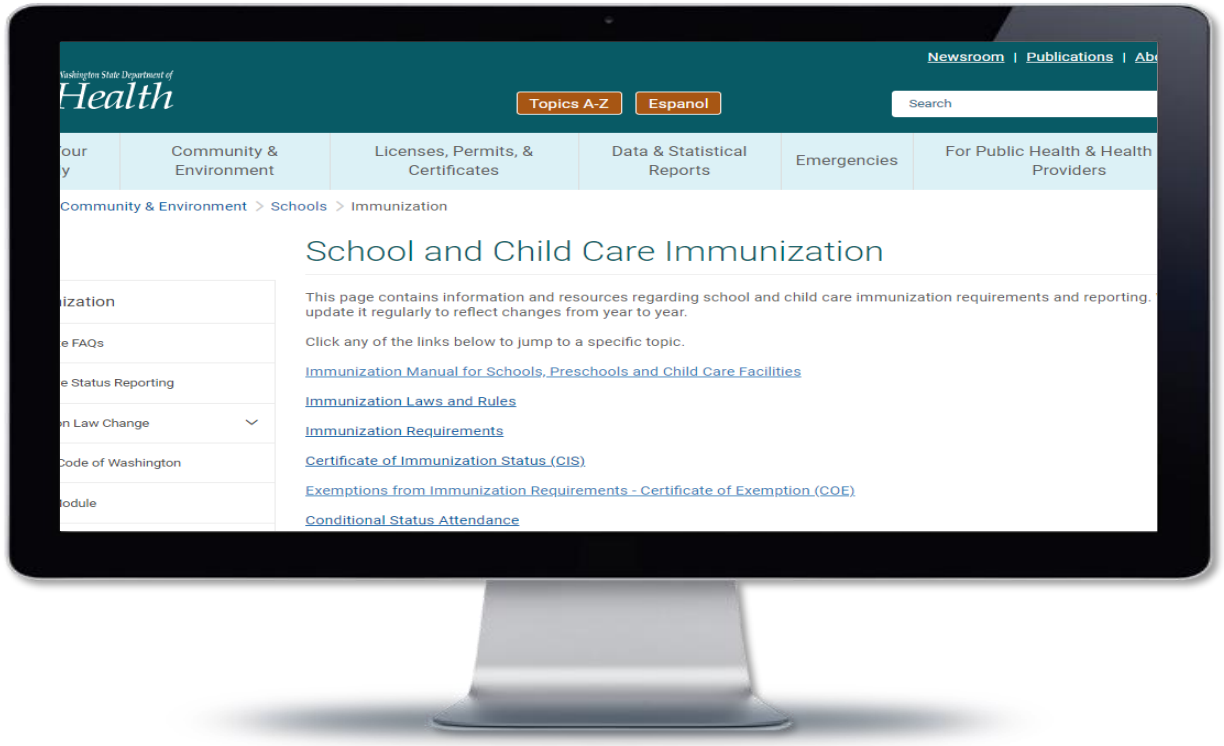
www.doh.wa.gov/SCCI

Questions?

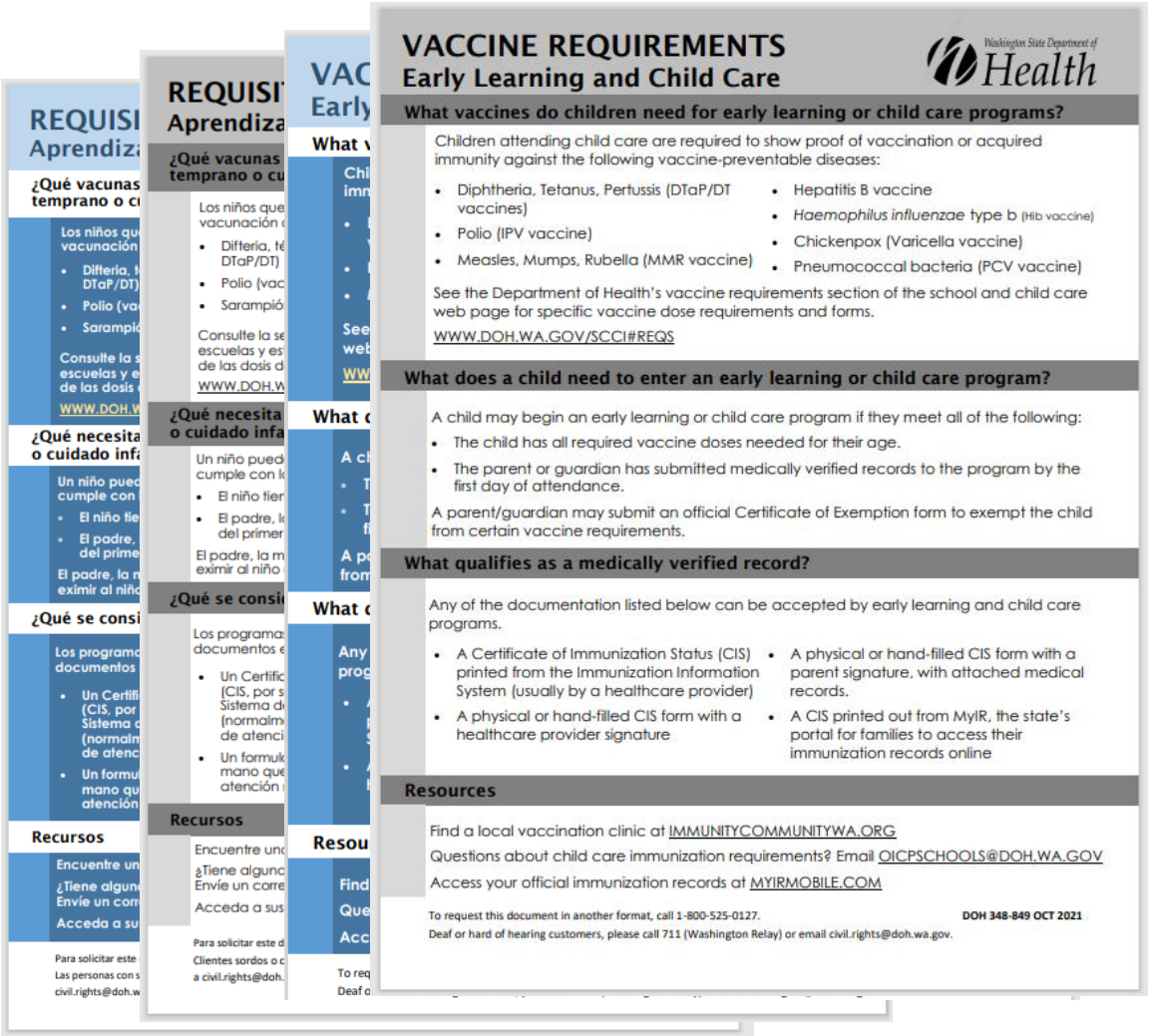
Feedback!

Email us at:

OICPSchools@doh.wa.gov



Resources



VACCINE REQUIREMENTS
Early Learning and Child Care

Washington State Department of Health

What vaccines do children need for early learning or child care programs?

Children attending child care are required to show proof of vaccination or acquired immunity against the following vaccine-preventable diseases:

- Diphtheria, Tetanus, Pertussis (DTaP/DT vaccines)
- Polio (IPV vaccine)
- Measles, Mumps, Rubella (MMR vaccine)
- Hepatitis B vaccine
- *Haemophilus influenzae* type b (Hib vaccine)
- Chickenpox (Varicella vaccine)
- Pneumococcal bacteria (PCV vaccine)

See the Department of Health's vaccine requirements section of the school and child care web page for specific vaccine dose requirements and forms.

WWW.DOH.WA.GOV/SCCI#REQS

What does a child need to enter an early learning or child care program?

A child may begin an early learning or child care program if they meet all of the following:

- The child has all required vaccine doses needed for their age.
- The parent or guardian has submitted medically verified records to the program by the first day of attendance.

A parent/guardian may submit an official Certificate of Exemption form to exempt the child from certain vaccine requirements.

What qualifies as a medically verified record?

Any of the documentation listed below can be accepted by early learning and child care programs.

- A Certificate of Immunization Status (CIS) printed from the Immunization Information System (usually by a healthcare provider)
- A physical or hand-filled CIS form with a healthcare provider signature
- A physical or hand-filled CIS form with a parent signature, with attached medical records.
- A CIS printed out from MyIR, the state's portal for families to access their immunization records online

Resources

Find a local vaccination clinic at IMMUNITYCOMMUNITYWA.ORG

Questions about child care immunization requirements? Email OICPSCHOOLS@DOH.WA.GOV

Access your official immunization records at MYIRMOBILE.COM

To request this document in another format, call 1-800-525-0127. DOH 348-849 OCT 2021

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Early Learning and Child Care Flyer

Available on our website:
www.doh.wa.gov/SCCI

Resources

School and Child Care Immunization Charts

2022-2023 Changes Quick Reference Guide

The Office of the Superintendent for Public Instruction (OSPI) formally recognized transitional kindergarten (TK) as part of kindergarten in 2018. As a result, the Department of Health (DOH) updated the school immunization requirements. This document explains the changes DOH made to the requirements for the 2022-2023 school year. These changes align with OSPI's TK definition and the Advisory Committee on Immunization Practice's (ACIP) immunization recommendations.

1. Preschool immunization requirements moved from the child care immunization chart to the school chart. New requirements were added for students four years of age.

2. Students in preschool or kindergarten, including TK, who are four years old or older on September 1st are required to have the additional dose of DTaP, IPV, MMR and varicella vaccines. Schools do not need to monitor students who turn four during the school year.

3. Students between the ages of 4 and 5 on September 1st will also need PCV and Hib vaccines for school entry.

Students with summer birthdays will have less time to get vaccinated before the start of school. Parents should plan ahead and schedule their child's vaccination appointment before the school year starts.

You can find the 2022-2023 school and child care immunization charts at doh.wa.gov/scci.

DOH #348-866 Feb 2022

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

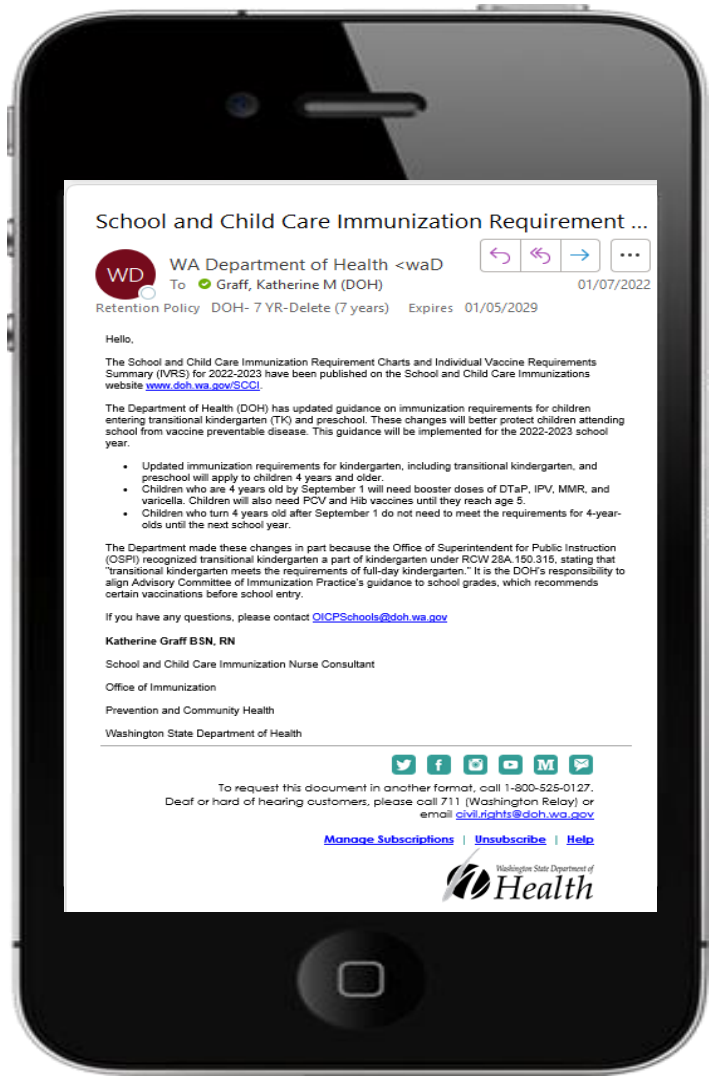
2022-2023 Changes: 1-page Reference Guide

Available on our website: www.doh.wa.gov/SCCI

School and Child Care Listserv

http://bit.ly/2HybXYS

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***



School and Child Care Immunization Requirement ...

WD WA Department of Health <waD
To Graff, Katherine M (DOH) 01/07/2022
Retention Policy DOH- 7 YR-Delete (7 years) Expires 01/05/2029

Hello,

The School and Child Care Immunization Requirement Charts and Individual Vaccine Requirements Summary (IVRS) for 2022-2023 have been published on the School and Child Care Immunizations website www.doh.wa.gov/SCCI.

The Department of Health (DOH) has updated guidance on immunization requirements for children entering transitional kindergarten (TK) and preschool. These changes will better protect children attending school from vaccine preventable disease. This guidance will be implemented for the 2022-2023 school year.

- Updated immunization requirements for kindergarten, including transitional kindergarten, and preschool will apply to children 4 years and older.
- Children who are 4 years old by September 1 will need booster doses of DTaP, IPV, MMR, and varicella. Children will also need PCV and Hib vaccines until they reach age 5.
- Children who turn 4 years old after September 1 do not need to meet the requirements for 4-year-olds until the next school year.

The Department made these changes in part because the Office of Superintendent for Public Instruction (OSPI) recognized transitional kindergarten a part of kindergarten under RCW 28A.150.315, stating that "transitional kindergarten meets the requirements of full-day kindergarten." It is the DOH's responsibility to align Advisory Committee of Immunization Practice's guidance to school grades, which recommends certain vaccinations before school entry.

If you have any questions, please contact OICPSchools@doh.wa.gov

Katherine Graff BSN, RN

School and Child Care Immunization Nurse Consultant

Office of Immunization

Prevention and Community Health

Washington State Department of Health

To request this document in another format, call 1-800-525-0127.
Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov

Manage Subscriptions | Unsubscribe | Help

Washington State Department of Health

Obtaining Continuing Education Contact Hours

- Continuing education (CE) contact hours are available for nurses, medical assistants, pharmacists, and pharmacy techs
- Expiration date is 6/30/22 for those watching the recording
- Successful completion of this continuing education activity includes the following:
  - Attending the entire live webinar or watching the webinar recording
  - Completing the evaluation available after the webinar or webinar recording
  - **On the evaluation, please specify which type of continuing education contact hours you wish to obtain**
- **Please note:** CE certificates are NOT generated after evaluation completion—CE certificates will be sent by DOH via email within a few weeks after evaluation completion
- If you have any questions about CE credit, contact Trang Kuss at trang.kuss@doh.wa.gov

Power of Providers Initiative

- Despite COVID-19 vaccination rates reaching over 70%, the state of Washington continues to experience outbreaks of COVID-19 disease.
- Given the rise of different COVID-19 variants, we want to vaccinate as many people against COVID-19 disease as possible.
- The Power of Providers Initiative asks **ALL** health care providers to help with this effort by signing up and committing to SAVE:
  - Seek
  - Ask/Educate
  - Vaccinate (or refer)
  - Empower
- Health care providers who don't vaccinate still want to help protect the community against COVID-19 disease, and they can sign up for the POP Initiative too!

Power of Providers Initiative – Sign Up

- The initiative is supported by over 20 different state health associations, Governor Inslee, and the Secretary of Health, Umair A. Shah.
- We encourage all health care providers, vaccinating or not, to sign up for the initiative and help the state reduce COVID-19 disease.
- To read more about the Power of Providers and to sign up, visit our web page at **www.doh.wa.gov/pop**
- Providers that sign up will receive a certificate and other materials to help them with the POP Initiative.

Questions?

For persons with disabilities, this document is available in other formats.
Please call 711 Washington Relay Service or email civil.rights@doh.wa.gov.