

# Immunization Schedule and School Requirements Webinar Transcript

*Washington State Department of Health*

*March 30, 2022*

Hello, everybody. We're gonna get started here briefly. Bad news, Trang, I'm not seeing any poll questions on the poll. However, if they show up for you, let me know. But on my settings, they're not showing up. Okay, I'm gonna share the screen here. Oh man, we got a lot of people today. We got almost 500 people joining us. So that's great.

So welcome, everybody, to the "Immunization Schedule and Requirements for School and Child Care" webinar. I know it's a mouthful. Hopefully, it'll be a good one though. So I'm Phil Wiltzius. I'm a School and Childcare Immunization Health Educator. And I'm just like the moderator for today, or the facilitator, so I'm just gonna go through some stuff here and then we'll get to our presenters. So generally, how we like to run it is we will mute everybody and we block off the chat and we ask if you have any questions to put that in the questions and answer box, and hopefully we should have some time at the end for questions. And so we'll go through those questions and do our best to answer them. Please keep your questions on topic. If they're not on topic for the webinar, we will probably not answer them.

We do offer Continuing Education, as you can see for nurses, medical assistants, pharmacists, and pharmacy techs attending the webinar. And so I think we'll have some more details on this at the end of the webinar as well, but basically make sure that you're registered for the webinar and you either watch it live here or you watch the recording and then make sure you complete the evaluation. And we do have a webinar web page where you can find on our [doh.wa.gov](http://doh.wa.gov) website, if you search for immunization training, you'll be able to find our webinar.

Okay, so our two presenters today are Trang Kuss and Katherine Graff. I've worked with both of them for a variety of years now, and they're very wonderful. So Trang Kuss is the Immunization Nursing Consultant with the Department of Health, working in the Office of Immunization. Let's see, she has been with the Department of Health for over 20 years, and she's responsible for providing training and clinical consultation to healthcare providers and the public about vaccine recommendations. And Katherine Graff is our School and Childcare Immunization Nurse Consultant. And she's worked as a registered nurse for more than 38 years, including 15 years as a school nurse. Since 2016, she has worked with the Department of Health in Office of Immunization. She supports school staff and childcare staff, parents and providers regarding the immunization requirements in Washington State and the use of the immunization information system school module.

Okay, so today we are going to cover a variety of topics as you can see. So we're gonna talk about the updates to the child and adult immunization schedules, including immunization requirements or the upcoming school year, and then we'll share some resources. So here's our learning objectives. Hopefully, you've already seen them.

And so, just jumping back into Continuing Education here. So we do have the training approved through a variety of credentialing providers. So you can probably read this on your own if you wish. None of the planners and speakers of this activity have any relevant financial relationships to any commercial

interests pertaining to this activity. And I'll have a little bit more of a spiel for Continuing Education webinar.

And one last thing I wanna get to before we turn over to the presenters. So when we started this webinar, we actually got a variety of questions about COVID-19 and school requirements or COVID-19 vaccine and school requirements. So we're not really gonna be talking about that in this webinar. And I'm gonna talk a little bit why, so hopefully this'll help for those of you who are looking for or more information about that. So the State Board of Health is responsible for making all decisions around school vaccination requirements. So that's not anything that we do at the Department of Health and make the rules. And then we provide recommendations and encourage people to follow those rules. They have a website. So if you're interested to see where they are, looking at their meeting minutes, all that, you can go to their website, which we have listed here. And okay, so the background of this is they did meet, I think, late last year and wanted to consider the possibility of COVID-19 vaccine as a school immunization requirement. So they created a Technical Advisory Group. And so the Technical Advisory Group got together. They pulled together a variety of information, and then they had a meeting on February 24th to vote if they were going to recommend to the full board that COVID-19 vaccine should be a requirement for school. And the vote came out that they voted no to not recommend COVID-19 vaccine for a requirement for school. However, they don't make the final decision, it is the full State Board of Health that makes that decision. So currently we are waiting to see what the State Board of Health agenda is gonna look like. We don't know when they're gonna talk about it yet and come up with a final determination. So if you are interested in that, like I said, please visit the website and follow along with that. And just as part of that, we're not gonna answer any speculation about COVID-19 vaccine requirements, because it's not currently a requirement. We don't know what that's gonna look like for, if it does happen or if it doesn't. So I just wanted to let folks know that this is what the only place we'll talk about this and then that's about it. So thank you. Okay, so I'm gonna turn it over to Trang, who's going to present on the Child and Adolescent Immunization Schedule.

- [Trang] Good afternoon, everyone. And thank you, Phil. I was hoping to turn on my camera today, but unfortunately, I'm having some issues today, so sorry about that, but thank you so much, everyone for joining us. It is great to see so many participants for today's webinar. So thank you for taking time out of your busy schedules.

So I will start the presentation today by covering updates through the 2022 child and adolescent schedule, and then I'll cover the adult immunization schedule. I will not be able to cover all aspects of the immunization schedule unfortunately today, but I will mainly highlight a few new items in the schedule and then cover updated vaccine recommendations today. I will be sure to save time for Katherine's presentation on school and childcare immunization requirements, 'cause I think a lot of people are very interested in hearing that information as well.

So I'm gonna talk actually next about updates, or I'm sorry, resources that are available. So the previous slide, please, Phil. So we have made slides available on our webpage. So you can download these slides and then be able to click on the links on this slide to be able to access the resources. Please do not try to remember all of the details around immunization and vaccine recommendations, instead, get familiar with all of these readily available resources. I highly recommend that you print these resources for your

clinic or bookmark the links online, especially if you're new to immunization work, these are the really the primary resources that you'll need for all of your immunization questions.

So the first item on the list is the CDC Immunization Schedules, which I'm gonna cover a little bit during today's presentation. The schedules provide a pretty brief summary of the routine and catchup vaccine schedule and vaccine recommendations. In addition to the immunization schedules, there are lots of other resources that cover a lot more details, immunized.org, or formerly known as the Immunization Action Coalition has many useful resources.

The Ask the Experts is a great resource available for you. I use it like a clinical desk manual, and I refer to it pretty frequently. There are webpages on each of the vaccines in the Ask the Experts. So it's really great. And it provides a lot of information about frequently asked questions, about all available vaccines, vaccine recommendations and what should be done if a vaccine administration error occurs. And then just to let you know, Ask the Experts has now updated the adult pneumococcal vaccine recommendations, and I will cover that in a little bit.

The standing orders from immunized.org is also great and it's a must have for your clinic. Immunized.org constantly updates the standing orders with the newest vaccine recommendations, you don't have to do this yourself. The laminated immunization schedules are available for purchase from immunized.org. So that's something that you can get and make available for your staff.

The CDC's vaccine storage and handling toolkit is a great lots of detailed information about anything related to vaccine storage and handling, and includes COVID vaccines in that toolkit. The advisory committee on immunization practices, general best practice guidelines for immunization has a lot of detailed information, including a lot of details about vaccination of immunocompromised persons, contraindications and precautions. So check this resource out if you haven't already.

The Pink Book is another favorite, and that's available for purchase from CDC, or you can get access to all of the Pink Book vaccine chapters online. This has a lot of great information and they do try to update it pretty frequently. The Pink Book webinars is a great resource in case you want a lot more detail by vaccine. The last webinars were in 2019. So hopefully CDC will make the Pink Book webinars updated in the near future.

And then of course, the Immunization, Education, and Training from CDC provides continuing education and lots of information about vaccine administration. And then in case you weren't aware, the Department of Health Immunization Nurses are available. You could just email us at this email address, immunenurses@doh.wa.gov.

And so I'm gonna go ahead and start right into the Child and Adolescent Immunization Schedule, and highlight some of the updates and aspects of the schedule that I think are really important for you to be aware of.

So on this first page of the schedule, you can see that Dengue vaccine or Dengue vaccine is a new vaccine to the schedule. I'll cover a little bit more information about this new vaccine in a little while. And then I also wanted to draw your attention to MenQuadfi as a new meningococcal conjugate vaccine that's on this list of vaccines, in addition to Vaxelis, which is a fairly new combination vaccine, that includes DTaP-IPV-Hib, and HepB vaccine. And I'm gonna talk a little bit more about Vaxelis. There's also a new appendix this year, that is great, and it lists the contraindications and precautions to vaccines. So

the immunization schedule is very comprehensive. And then there's a new QR code in the bottom right hand corner of the schedule so that you can easily point your smartphone there to pull up the immunization schedule quickly.

On table one of the immunization schedule, please note that HPV vaccine is now on the schedule starting at nine years of age, since this vaccine can be routinely given as early as nine years of age. And then Dengue vaccine has also been added to table one of the schedule.

Table two is the recommended catchup schedule for each vaccine. There are really no major changes to this catchup table. This table is really great. If you wanna look at minimum age and minimum intervals between doses, while you are trying to catch up your patient in a vaccine series. I know sometimes this catch-up table can be a little bit hard to understand. So there are other resources that you can use such as the jab aids from CDC. And then I will also be talking about our Washington individual vaccine requirement summary, which I'll talk a little bit more about as far as another resource for catch-up.

So table three shows the vaccine recommendations that you're familiar with, and it shows the recommendations for certain medical conditions. The detailed notes of the immunization schedule is very important to review because this is where you find all of the important details, including the schedule, exceptions, and recommendations for special situations and high risk groups.

And then of course the new appendix of contraindications and precautions this new, there's a link on this appendix for the COVID-19 vaccine, interim clinical consideration. So this is nice to have that link readily available there.

So I'm gonna talk first about Dengue vaccine since this is a new vaccine. So Dengue vaccine is indicated for persons nine to 16 years of age living in endemic areas. And you can see the list of the endemic areas on this slide. For this vaccine, before giving the Dengue vaccine, lab testing must be done to confirm previous infection. This is pretty unusual because testing is usually not recommended before vaccinations, but in children who have not had Dengue before, the vaccine could increase the risk of hospitalization or severe disease, if the child gets Dengue after vaccination. So this is why patients must get that lab confirmation of previous Dengue infection before getting vaccinated.

The next bit of information that I'd like to highlight is regarding Vaxelis vaccine. It's fairly new. It's been around since 2019, but there may be some questions or confusion about this fairly new combination vaccine. So this DTaP-IPV-Hib, and HepB combination vaccine is a three dose series. And it's indicated at ages two, four, and six months. Vaxelis can be used routinely for children between six weeks of age through four years. And you can use Vaxelis to catch up children, but they must be less than five years old. This vaccine can be used to complete the HepB series and can be used for the first three doses of the IPV series, but not the fourth dose of IPV. Vaxelis should not be used for the booster dose of Hib at 12 months of age, and should not be used for the fourth or fifth dose of DTaP. In case you're not already aware of this resource, the California Immunization Program makes this great chart available as a suggestion, when you're using combination vaccines, along with single antigen vaccines, it's a really great resource that you can print and make available in your vaccine administration area. And then Katherine will talk a little bit more about the individual vaccine requirement summary, but I also would like to make sure that everyone is aware of this helpful resource, especially the Hib and PCV catch-up charts. It's really great to be able to look at these charts that is in the individual vaccine requirement

summary, and determine how many additional doses a patient may need of Hib or PCV vaccines. So please use it if you haven't already.

And then before I talk about adult immunization schedule and vaccine updates for adults, I'm gonna talk briefly about the Tdap Catch-Up Schedule, because I know that this is a source of confusion for a lot of people. So this information can be found again in the individual vaccine requirement summary. So there are two specific scenarios for Tdap Catch-up that I'll cover today. So the first scenario is if a patient did not receive any DTaP vaccine before age seven. And the second scenario is for patients who received one or more DTaP doses before four years of age, but no dose on or after four years of age. So let's talk about the first scenario.

So a patient may have come from another country and did not receive any DTaP doses or have no documentation of DTaP doses before age seven. These patients will need to catch up with three total doses of a combination of Tdap and, or Td doses. If you don't carry Td in your office, you can substitute with Tdap doses. So potentially nowadays, a patient could receive a total of three Tdap doses and catch-up for this first scenario. Please make sure that there is a minimum interval of six months between the final doses.

So for the second scenario, if a patient received one or more doses of DTaP before age four, but did not receive a dose of DTaP on or after four year of age. So the key is to just look at their first dose of DTaP and see if this first dose was given before 12 months of age or on, or after 12 months of age, if a patient received the first dose before 12 months of age, then they will need a total of four doses. These four doses can be a combination of DTaP, Tdap, and, or Td doses. For example, a patient may receive two doses of DTaP before 12 months of age and then one Tdap and one Td after seven years of age. These four doses complete the series and make sure that Tdap is included in that total of four doses in order for the patient to be complete with the series. And again, make sure that there's a minimum interval of six months between the final doses, or there will be an interval infraction and the final dose may need to be repeated. So if a patient received the first DTaP dose on or after 12 months of age, rather than before 12 months of age, this patient will need a total of three doses only rather than four. These three doses can be a combination of DTaP, Tdap, and, or Td doses. Again, Tdap must be included for the patient to be complete with the series of three doses. And then six months minimum interval is required between the final doses.

We will go ahead and move on to updates to the 2022 Adult Immunization Schedule now. So the exciting update to the adult immunization schedule this year is the addition of new pneumococcal conjugate vaccines, PCV15 and PCV20. And I will talk a lot more about this new recommendation in a little bit. In addition to the updated pneumococcal vaccine recommendations, zoster vaccine, or Shingrix and hepatitis B vaccine recommendations have also been updated. I will go over each of these recommendations.

The first vaccine recommendation I will cover is Hepatitis B vaccine. So before Hepatitis B vaccine was recommended for adults 19 and older at higher risk, these adults at higher risk included persons who use injection drugs, persons who are household contacts have been infected Hepatitis B person, develop mentally disabled persons living in long term care facilities, persons in correctional facilities, persons at occupational risk, patients on hemodialysis, patients with hepatitis C infection or chronic liver disease, travelers to endemic countries, persons with HIV and persons with diabetes. The recommendation now for hepatitis B is to give hepatitis B vaccine routinely for all adults, 19 through 59 years of age, as well as

adults 60 and older at higher risk. However, any adults, 60 and older who wishes to receive hepatitis B vaccine may get vaccinated. I also wanted to mention that there's a new three dose hepatitis B vaccine that has been licensed by FDA for adults 18 and older, the updated hepatitis B advisory committee on immunization practices recommendation will be coming out soon. Actually, I think there's one slide before this. Oh, I'm sorry. No, Herpes Zoster Vaccine updates, please.

So I'm gonna talk about the updates to the Shingrix vaccine. So Shingrix was previously recommended for healthy adults, 50 years and older. The new recommendation is for all adults 50 years and older, as well as adults, 19 and older, who are immunocompromised. So next, we will talk about the pneumococcal vaccine recommendation updates. I really think that these recommendations are a little bit easier to understand, so we will see. So PCV15 and PCV20s vaccines were recently licensed for adults. You can see the strains that are covered by PCV13, PPSV23, or Pneumovax, and the new pneumococcal conjugate vaccines, PCV15 and PCV20. It's very exciting to have these new conjugate vaccines that cover additional strains and provides longer term immunity compared to the booster doses that are needed every five years with Pneumovax or PPSV23. I know that there have been a lot of updates to PCV13 recommendations in recent years, and they have been very confusing. So last year, PCV13 was recommended for healthy adults, 65 years and older. And it was based on our discussion of risks with the primary care provider. In addition, PCV13 was recommended for patients with certain medical conditions and immuno compromising conditions in addition to PPSV23. This year, PCV13 is no longer recommended. Healthy adults, 65 years and older are now recommended to get either PCV20 or PCV15 plus PPSV23 one year later. This recommendation also applies to adults 19 through 64 years of age with certain medical conditions or who are immunocompromised.

I'm gonna talk and provide a little bit more details in the next slide. Before I go into more details on the pneumococcal vaccine recommendations for adults, I wanted to let you know that the advisory committee on immunization practices has started discussing PCV15 and PCV20 vaccines for children. PCV15 vaccine is expected to be licensed in the first quarter of 2022, so fairly soon. And then PCV20 vaccine is due to be licensed later this year.

So let's talk about all of the scenarios for adults. So this applies to all adults, healthy adults, 65 years or older, and adults, 19 to 64 years with immuno compromising conditions.

So the first scenario is adults who have not received any pneumococcal vaccine. They should get one dose of PCV20 or PCV15, plus PPSV23 one year later. For persons with an immuno compromising condition, a minimum interval of eight weeks can be used instead of one year.

The next scenario is for adults who have only received PPSV23 in the past. So for these adults, they can get one dose of PCV20 or PCV15, at least one year after the most recent PPSV23, no additional doses of PPSV23 is needed at this time.

And then the last scenario is adults who received PCV13 with, or without PPSV23 in the past. So the current recommendation is that these patients should get PPSV23 as previously recommended according to the recommended schedule for these adults. You can look at the link here on the slide for more information. In the future, if a clinic doesn't have, or doesn't carry PPSV23, you can give PCV20 instead. The ACIP is definitely discussing these recommendations a little bit more. So there may be changes.

So this is just the list of the medical conditions or immuno compromising conditions indicated for pneumococcal vaccine. And then I just have one last slide. I just wanna make sure that everyone is aware of this PneumoRecs mobile app that's available for your phone, that you can download. I know that the pneumococcal vaccine recommendations are very confusing. So hopefully this app can help you to determine the immunization schedule for your patients.

So before I passed it over to Katherine, I would like to pose a poll question. We were hoping to be able to do this so that you could vote and we could share the answers, but unfortunately, we'll just go ahead and just ask this question instead. Phil, can you show the poll question on the next slide? Okay, here it is.

So my question is for all of you, which pneumococcal vaccine is recommended for adults 65 and older, who have never received any pneumococcal vaccine? Is it A, PCV20, B PCV15 plus PPSV23 one year later? Is it only PCV13 that would be recommended for these adults? Or is it only PPSV23, or is the answer E, A and B only? Hopefully my slide helped a little bit with this specific scenario.

So the answer is E, so these patients can receive PCV20, or PCV15 plus PPSV23 one year later. So congratulations if you got this answer correct. So I will go ahead and pass it over to Katherine now. Thank you, everyone.

- [Phil] Katherine, are you there? Are you able to unmute yourself?

- [Katherine] Yes, sorry. Thank you, Phil. So thanks, Trang for that great information. That was very helpful. And now I'm gonna talk about the immunization requirements for the 22/23 school year.

So, first of all, I just wanna talk about the changes to the 22/23 school year before I show you the chart. So a couple of years ago, OSPI formally recognized transitional kindergarten as a part of kindergarten. The transitional kindergarten or TK students are four years old, but they're attending full time in school as kindergarten students. We had DOH started getting questions about the immunization requirements for this kindergarten program. And so DOH has the responsibility of applying the National Immunization Schedule that Trang was just talking about to specific grades for the immunization requirements established by the State Board of Health. So we reviewed the national schedule in detail and the related CDC MMWRs for the vaccines recommended at this four to six year old age that are supposed to be given before school entry, specifically the doses of DTaP, IPV, MMR, and varicella. The MMWR for varicella also includes pre-kindergarten specifically in the definition of school children, school-aged children, and the RCW here in Washington, and the Wa definition of school also includes preschool. So based on that and stakeholder input, Department of Health decided to make the following changes to the school requirements.

Preschool immunization requirements were removed from this childcare chart and added to the school chart to be in alignment with the definition of school. Pre-school students and kindergarten students in the TK program who are four years old on September 1st will need the additional doses of DTaP, IPV, MMR, and varicella. They will also need a completed PCV and Hib series until they turn five. Now,

children who turn four after September 1st in these programs, or in a different program, do not need to meet those requirements for these four year olds until the following school year.

So this is the actual school vaccine requirements chart. As you can see, the grades removed to the rows and the vaccines and the columns similar to the childcare chart, this aligns the two charts. We added two new rows for the preschool age, 19 months to three years on September 1st and the preschool TK.

So, like I said here, the grades are moved and now this TK row has four year olds included in the additional doses of needing that DTaP, IPV, MMR, and varicella. Hib and PCV were added to the back of the school chart with the minimum ages and intervals and notes.

And next is the new childcare chart. Next slide, there it is. Okay, next slide. You'll see where we have edited the language a little bit on the new childcare chart to show that children need to meet the requirements for the grade they're in school. If they're in childcare while they're also in school. And it now says that the additional doses are needed by seven years or preschool school entry at four or more years.

In addition, the next slide, I just want to highlight again, the individual vaccine requirements summary document. It is a very, very helpful document. It goes through each of the vaccine series, and it has all the details of the minimum ages and intervals, has the catch-up schedules, the exceptions to the rules. So I really do highlight this and recommend that you bookmark, we update it each year. So it's always a good up to date document, and it has those two PCV and Hib charts that Trang highlighted earlier.

So now it's my turn to do a poll question. So here's the question, children who are four years old on September 1st, attending preschool or transitional kindergarten can wait until they age five to get their booster doses of DTaP, IPV, MMR and varicella. So they can wait till five if they're four years old on September 1<sup>st</sup>.

The answer is false, they need to have those doses to be in their preschool or transitional kindergarten program.

Now let's talk about this Certificate of Immunization Status form. Some of these slides are gonna go pretty fast because first, we're running a little over time. And second, I just wanna make sure you've got all the information and you will have the PDFs. So you'll have all the links and the slides as well.

So remember that the CIS must be medically verified for accuracy. It can either be printed from the IIS, which is the validated CIS, or the MyIR version, which I'll show you each little bit more. The hard copy CIS must be verified as accurate with a signature by a healthcare provider or a school or childcare staff after they compare the info on the CIS with the attached medical vaccination records. Again, only the hard copy CIS must be verified by signature.

Next slide. So this is what the validated CIS looks like. It shows the date that it was verified, validated, and it does not need any signature for verification. Next, this is the place for a parent or guardian to give permission to add information to the IIS. Now, this is needed for schools that are using the school module. If they need to add information that's missing in the IIS. This signature is optional.

Okay, next slide. All right, this is a place for the parent or guardian to acknowledge a child's conditional status entry. It is required if the child is attending in conditional status because they're in a catch-up schedule. Next, if lab evidence of immunity is entered by providers in the IIS, it will display on the



Positive Titer column. This is considered provider verification of immunity. Next, if chickenpox is entered into the IIS, it will also check the check box here on the CIS, which is also considered provider verification of history of disease.

Next, the back of the validated CIS has an action to report, which we added to give more information about what's on the CIS. The missing required vaccinations are in red. So if there's a conditional, or a not complete CIS, it will list the vaccines here. It also lists the vaccines that are recommended, but not required in the black box.

And finally, in the yellow box, it's going to show the vaccines that are invalid, and the reason that they are invalid, those doses do not print on the CIS first page, because they're not used in calculating if the series is complete. But if the another dose is needed, it will be in either the required or recommended boxes. So just because there's an invalid dose here, doesn't meet another dose is needed. They could have gotten another dose and don't need anymore, but this is for information only.

Next, let's talk about the MyIR or CIS. Here's what it looks like. It's still the old version. We are in the process, and we're getting close to releasing it of the new MyIR or CIS which is more like the validated one, but it's not out yet. So in the meantime, you can still accept this version, but just note that it isn't smart enough to know if a dose is valid or invalid. So you really have to look at these dates carefully for minimum ages and intervals, because they might be invalid doses on this particular CIS. It also has a place where if I have chickenpox history, is entered in IIS, it'll print on the CIS.

And then finally, let's talk about the hard copy CIS. This is what the hard copy CIS looks like. And the bottom is the place here where it's medically verified by accuracy. Next slide. So this is where the healthcare provider or the school or childcare staff can verify the records to see accurate. If verified by school or childcare staff, then a copy of the medical immunization records used to complete the form must be attached.

Examples of acceptable medical vaccination records include provider records printed from an electronic health record, records from another state's immunization registry. Every state has one and there's links here. It could also be a lifetime immunization record that's completed by the provider when a child gets a vaccine. And then there's more examples in this document linked here.

Now, just like on the previous slide, healthcare providers can use this section. No, go forward, there we go. Can use this section to document history of varicella disease or lab evidence of immunity. I just wanna really highlight though, that to meet the requirement for full immunity to polio and by lab evidence of immunity, you have to have Positive Titer to all three polio viruses, and polio virus type two and three immunity is almost impossible to run nowadays. So unless they had their titer drawn many years ago, students won't be able to meet the immunity to polio by new titers.

It has the same two places for a parent's signature. And the back has information about how to fill out the form for parents. Examples of medical, immunization records and information about conditional status, which leads me into the discussion of conditional status.

So conditional status has been clarified recently in the past year or so. In the past, students had 30 days to turn in their immunization documentation, but starting back in August, 2020, students without immunization paperwork on the first day of school are not considered in conditional status and could not start school until the required paperwork is turned into the school. This was to align the rules, the

State Board of Health rules with the way the law is written. In addition, in order to start school, students must have all of the required vaccinations they're eligible to receive on or before the first day of attendance. In other words, their vaccinations must be up to date. If after getting all of their eligible doses, they still need more because they're in a catch-up schedule.

Next slide, there, okay. If they can attend in conditional status until the next dose comes due, once it comes due, they have 30 days to turn in documentation of the dose or an exemption form. And conditional status continues that way until the child is completely caught up and is now complete. If the conditional status expires without the needed documentation, the child is out of compliance and must be excluded from further attendance.

Now, there are a couple of exceptions to these rules. One is from McKinney-Vento students and children in foster care, which must be immediately enrolled and cannot be excluded. In addition, children of active duty military, they must turn in their documentation before starting school, but if they need additional doses, they have 30 days from enrollment to get the vaccine doses needed.

Now let's talk about exemptions to the immunization requirements and the certificate of exemption form. So a child can be exempted from one or more of the requirements. To do this, a parent must turn in a completed and signed COE to the school or childcare. This is a screenshot of the two sides of the COE. There's personal and philosophical and religious exemptions are on one side and medical exemptions are on the other.

Now, there's four types of exemptions allowed for the immunization requirements, a personal or philosophical exemption, which is not allowed by law for the measles, mumps, and rubella immunization requirements. There's a religious exemption, there's a religious membership exemption, and then finally the medical exemption.

First, the personal or philosophical exemption, which should be used when the parent or guardian has a personal or philosophical objection to the immunization of the child. As I said before, this cannot be used for the MMR requirement.

A religious exemption is used when the parent or guardian has a religious belief that's contrary to the required immunization. I wanna make a point here though, to know that there is no requirement for a parent to validate or prove their personal or religious beliefs. This is the section of the COE to be completed for personal philosophical or religious exemption. It's used for parent requested exemptions or alternate schedules, and it needs both a parent or guardian and a healthcare practitioner signature. They must have the signature of that healthcare practitioner to say that the practitioner has provided the parent or guardian with information about the benefits and risks of immunization to the child.

Now, the law narrowly defines a healthcare practitioner who can sign the form as a physician, a natural path, a physician's assistant, or an advanced registered nurse practitioner, who is licensed in Washington State. When a healthcare practitioner signs the COE, they're saying they've provided the information to the parent or guardian. Clinicians and school staff have no role in assessing the validity of a parents' or guardians personal religious beliefs.

Next slide. Now, the other religious exemption is called a Religious Membership Exemption. It's used when the parent or guardian affirms membership in a church or religious body that does not allow the child to receive medical treatment by a healthcare practitioner. Therefore, they're saying it would be

against the religious beliefs to go to a healthcare practitioner, to get information about the benefits of risk of immunization. Because of that, this exemption does not require a healthcare practitioner's signature on this exemption. However, it's important to know that if the parent or guardian has a religious objection to vaccination, but the child does receive other types of care from a healthcare practitioner, then they should be using the personal philosophical religious exemption area of the COE, which does require that healthcare practitioner signature. So this is the section where they affirm that they belong to a church or religion that doesn't allow any medical treatment by a healthcare practitioner. The school does not need to verify the religious beliefs. The parent-guardian signature is what count on this form.

Finally, medical exemptions are granted by a healthcare practitioner when in their judgment, the vaccination is not advisable for the child. There's guidelines about the contraindications that can be found on the ACIP websites and the CDC there. And the vaccine manufacturer's package insert. They can be permanent or temporary. They both require the healthcare practitioner and parent or guardian signatures. And when they're a temporary, they need to have an expiration date. Once that expiration date is met, then the child moves into a 30-day additional status to either get the vaccine or get another exemption.

This is the section where the healthcare practitioner fills out for the medical exemptions. It should be completely filled out. And again, it's temporary, it needs to have an expiration date. Just a few considerations. The most recent version of COE should be used for all new exemptions, but students with existing exemptions don't need to go get a new COE when we've revised the form. So the old ones can continue to be used. If a COE is incomplete or improperly filled out, it should be returned to the parent or guardian or the healthcare practitioner to complete correctly.

Probably one of the things we've see the most is they have multiple types of exemptions for the same immunization disease requirement. They need to pick one. So you can't have medical and personal, or personal and religious. They need to have just one per immunization requirement.

And then we've got some updated FAQs on the school and childcare website.

So poll question, number three, the healthcare practitioner's signature on a personal or religious, a Certificate of Exemption means that they agree with the patient's objection to vaccination, that they've verified that the parent's objection to vaccination is genuine, or that they have provided the parent with information about the benefits and risks of vaccination.

So what does that signature mean? It means C, that they have provided the parent with information about the benefits and risks of vaccination.

Finally, I wanna talk a little bit about the IIS school module rollout. This slide shows that graphic between how the school module is interacting with IIS, if you wanna go on the next slide, there it is.

So schools with view only access can view and print immunizations in a CIS, but the school module provides a view, add access, more similar to what providers have, and schools can print a CIS, but they can also add records and run school specific reports and letters. Right now we have about 160 public school districts. Some private schools, charter ECEAPs head starts, but really, I think what's important is, is more than half of the public school students in Washington are in a school using the school module and more people are coming on board all the time. So that number is going to go up.

Providers can really, really help schools by ensuring that the record for those children in the IIS is complete, including historical vaccination records. If you're interested in the school module, this has some steps as to how you can get started. It's pretty easy to get signed up and use it. Email us.

The website for the school module website is really an onboarding tool with a lot of great resources about getting signed up, and on this slide, you can also see where the email you can email the school module.

I think you need to get to the next slide. There it is. Okay, the website and email. And then finally, some other resources, I just like to always highlight the school and childcare immunization page, [doh.wa.gov/SCCI](http://doh.wa.gov/SCCI), SCCI we call it. And then the best email to send questions is [OICPSchools@doh.wa.gov](mailto:OICPSchools@doh.wa.gov). I monitor that one in addition to my email, but if I'm on vacation, somebody else will answer your questions at this email. So that's a good one to keep. And if you have any questions about the requirements, please do reach out.

And finally, I just want to highlight three new resources that we have gotten. One is an early learning and healthcare notice about the vaccine requirements in English and in Spanish. Then the next one is a one page flyer highlighting the changes for the four year old students in preschool or transitional kindergarten. DOH is also in the process of creating a school immunization toolkit with additional resources, including some social media. And finally, the Listserv. I do send out information when things are updated, like the new charts come out and everything. So if you haven't already, please consider signing up for this Listserv. And that's it for me, so...

- Okay, thank you, Katherine and Trang for presenting, we have a variety of questions, mostly score related, but Trang, I did have the question from earlier I wanted you to highlight or talk about. Let's see here, I can't find it now.

- [Trang] I apologize, but I have been answering questions while Katherine has been talking, but yeah, if you need me for anything, let me know.

- Okay, so maybe we'll jump back to Katherine then. Oh, here's a question for you. If our school does not participate in the IIS, do we need parents to sign the box, allowing us to share vaccine information?

- No, that's only for schools that are using the school module and if they need to add vaccination immunization information.

- Let's see, Diane wanted us to go back over the four-year old requirement for school. Do you want me to flip back to that slide? I'm not quite sure where it was.

- Sure, so basically starting with the next school year here in the fall, if students are four years old in school, preschool, or transitional kindergarten, if they're four years old and they're starting those programs, then they need to have those additional vaccine booster doses that children traditionally get before starting kindergarten. That's that DTaP, IPV, MMR, and Varicella. And that's if they're attending half day preschool or full day preschool or full day transitional kindergarten, the requirements are the same. They're four years old and they're in school in one of these programs.

- Okay, is there an option for homeless children to start without an immunization record?

- Yes, that's the McKinney-Vento students that I mentioned when I was talking about conditional status. Those students must be immediately enrolled and allowed to attend school, but you should be working with those students to try and get them their records or get them caught up if they're missing immunizations, and the homeless liaison in the school district should be helping with that work as well.

- Somebody asked, how do we determine if the CIS is printed from MyIR?

- So the MyIR version looks like the old version of the CIS for one thing. And also at the top right, it'll say printed from MyIR. The words are actually on that up page.

- Okay, is there a plan for grandfathering of requirements to disappear in the next school year? For example, students have been grandfathered and not being required to provide medically verified vaccine paperwork, but will this go away where all students must provide medically verified records. All new vaccination records that are given to a school or a school district have to be medically verified. So like for your students that are getting their teed up in seventh grade, they need to turn those in on a medically verified basis. If the children have turned in their paperwork before the medically verified rule went into being, then that school or school district didn't have to now get medically verified records. So basically, all of your kindergartners this year and your kindergartners last year or first graders this year should all have medically verified records. And then any new records that were turned after that rule changed should be medically verified.

- Somebody wanted us to clarify when the new 2022, 2023 immunization schedule goes into effect.

- August 1st.

- August 1st. Okay, let's see here. Are COE forms required annually for personal, philosophical or religious exemptions?

- No, no, once they're turned into the school or childcare, the COE continues to exist. The only ones that expire are temporary medical exemptions.

- Here's a question about people coming in from outta state. Do we give any conditional status when a student is newly enrolled to us, but coming from out of state?

- No, no, there's no provision for whether they're in state or outta state, they have to turn in their paperwork before they can start school. The only provision is if they need additional doses and their active duty military families, then they could have 30 days to get those additional doses.

- So somebody asks, so preschool transitional kindergarten requirements, if a student turns four later than September 1st, I think they're asking, do they have to meet immunization requirements when they turn?

- If they're three years old on September 1st, then they would fall in that preschool 19 months through three years. And then if they turn four during the school year, then it'd be good to let them know, hey, you're gonna need some more vaccines before next school year, but they don't have to get them within 30 days of turning four or anything. So you don't have to actively monitor your students when they turn four, but at some point you might let them know that next year you're gonna need those other doses.

- Somebody asks if parent permission is required to enter in immunizations into the school module.

- Yes, and that's because of the FERPA school record privacy laws. So once a record is given to a school, even an immunization record, it becomes a school record and it's covered by FERPA, and release of that school record to the IIS can only be done with written parent consent.

- So many questions, Katherine, so many school questions, With religious membership COEs, are staff allowed to push back if there's evidence of treatment by a healthcare practitioner so that they can, I guess, transition that parent to a different exemption.

- Yeah, I think that the role for schools or childcare is when it comes to religious memberships assumptions is to make sure the parent understands what they're signing. I think sometimes parents get confused and they think, oh, I have a religious thing, so yes, I'm gonna sign that one. But it's important to help the parent understand what you're signing is that you don't take your child to the doctor for medical treatment. But here you've just given me a prescription, medication authorization form for this child's inhaler. So those two things don't go together. So that's where you say, okay, this other one is the one that would fit you better because your child does go to a healthcare practitioner. And we've got a great one page document on the school and childcare page that highlights the four different exemption. And it's a great thing to use with helping to educate parents about that.

- Does the school need a nurse on staff to utilize the school module?

- To be able to get access to the IIS, including the school module, the sharing agreement has to be signed by a licensed health professional, usually that's a nurse. Now for private schools that can be a volunteer or somebody who's affiliated with the school, but maybe not an employee. So that's how we have some private schools enrolled as well.

- Let's ask this question. I don't know if you can answer this Katherine, but how can social workers support healthcare workers in ensuring children are vaccinated?

- How can social workers support healthcare workers? I think social workers could be a great asset in helping reduce some of the barriers to getting children vaccinated. Sometimes it's a lack of transportation or a lack of a connection to be able to get sign end up with a provider. And those types of things, school nurses do help with, but other support staff can help with some of those things as well. And that's where the homeless liaison person could be a good resource for our homeless students.

- Let's see, somebody ask, can they enter an exemption status into the school module if they have assigned form?

- Yes, but again, you have to have parent permission to do that. So you need that authorization signature, and that can be gathered on the CIS or in other ways, some schools have added that to their health enrollment forms. So there's options on that. We just put it on the CIS for convenience.

- See, do parents need to sign the CIS if they, well, okay, this question is slightly vaguely, where did they said, if we printed off the IIS website, do they need a parent signature on it?

- Again, the only signature that's required on the CIS, and it's a hard copy CIS, which it says it's been verified for accuracy. If it's being printed from the IIS, then it's already medically verified because medically verified dates are only supposed to be entered into the IIS. So no verification signature is needed. The only other time a parent has to sign the CIS is if their child is in conditional status, then they have to sign that acknowledgement.

- Okay, so somebody says, I am still confused on the TDaP, Td, Tdap for children older than seven receiving the first dose. I have many middle schoolers who go to primary care and get turned away saying they won't give those vaccines to a child that old.

- One strategy is in the IVAs that Trang mentioned that has all the catch-up rules for a child who's seven or older, 'cause remember we only give DTaP to children through age six. So if they need more doses, they have to get a Tdap, and then additional doses of Td or Tdap if needed, that information is listed out really succinctly in a nice page in the IVAs, it's page seven. And so one strategy I used to use when I'd send students and their parents to their healthcare provider to get missing vaccines, was to highlight the rules, this is what they need, and send them with with that page of the IVAs, 'cause sometimes providers don't understand they're in a catch-up schedule and think they just need their adolescent booster.

- So somebody says they really need immunization requirements. And Portuguese, we run into this very often, any chance of getting this translation edited to the list? So if you email us and actually you should have my email, 'cause it's connected to zoom. If you email us with that request, we will get those forms that you need in Portuguese. It might take us a little bit like a couple weeks or a month, but if there are languages that you need in your community, then we don't have the translation for them. Please let us know and we will work on accommodating that for you. Katherine, would you still like to answer questions? I know we're over time. I don't know if you have anything else.

- I think, yeah, so we don't make this too long for everybody. It might be good if you have questions and they weren't answered, please email. If they're the school questions, email the OICPSchools, plural, @doh.wa.gov, that, I'd be happy to answer questions and I can often give you links and other great resources along with the answer. And then for Trang, if they're more about the adult and childhood adolescent schedules, do you wanna tell 'em where to email, Trang?

- [Trang] You can email immunenurses@doh.wa.gov. Thank you, everyone.

- Thank you, everybody for attending, we really appreciate it. I'm sorry, we couldn't get to all the questions. They just keep coming. So please email us and we can reach out to you individually.



- [Trang] And Phil, if you could please go to the Continuing Education Information, thank you.

- Okay, so I'll cover this real quick for those of you who are still here. So for Continuing Education Credit, once we end this webinar, you should be redirected to an evaluation, just fill that out. And there will also be questions on what CE credit you would like. If you don't get referred to that after we close the webinar, you should receive an email tomorrow from zoom that will include a link to that evaluation. So just fill that out. And then that goes to our admin staff, and it's gonna take a couple of weeks, 'cause it's a lot to process, but once you finish the evaluation, we get that information and then we'll send you the certificate that you need. If you have any other questions about Continuing Education Credit, you can email Trang Kuss at the email listed down there below. If you forget her email, you can email me, and I can send that to Trang. So I appreciate it. Thank you, everybody. We will have this recording up hopefully in a week or two up on our training webpage. So I also believe that'll be linked in our follow up email as well. So, thank you, everybody, and I hope you have a great day.