



UKRAINIAN VACCINE RECORDS WEBINAR

In partnership with the Spokane Regional Health District

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Webinar Ground Rules

- We are recording this webinar and will share it when it is ready.
- Comments are disabled for the webinar.
- Please use the Q&A panel for questions.
- We will go over questions at the end of the webinar.
- Webinar slides were linked on today's Zoom reminder email.
 - We will link the slides in chat as well.



INTRODUCTION

Some comments on this webinar

OUR VISION

- It is the Department's vision to help people attain their full potential- by promoting these tools we hope to reduce health barriers and support different communities in the state.

OUR GOAL FOR THIS WEBINAR

- To assist schools and health care providers who support vaccinations and health screenings.
- To ensure the equity of children in school and child care while meeting public health immunization needs.

NOTE

- This webinar and the tools shared within do not replace the need to have a qualified interpreter to facilitate communication or do sight translations when needed.

Why is Ukrainian records interpretation important?

- Since 1979, Washington state has welcomed refugees who flee persecution in their own country.
- Over the past 10 years, Washington has welcomed 30,000 refugees from over 70 countries. This includes 6,500 Ukrainian refugees.
- The national United for Ukraine program streamlines the process for Ukrainian citizens to stay temporarily because of the Russian/Ukrainian conflict.
- Washington is in the top five states for supporting Ukrainians in the UfU campaign, with 10,082 Ukrainians.
- The Department of Health has seen increasing requests for help with Ukrainian health records.

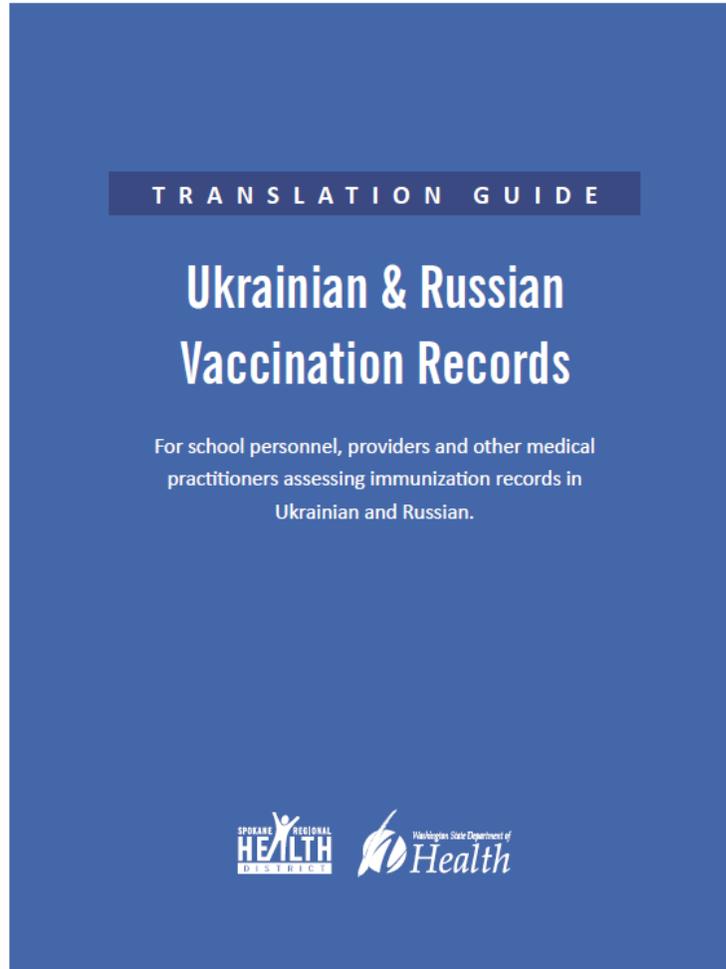
Today's Presentation

- Introduce new toolkit for record review and interpretation
- Guidelines for record review
- Ukrainian immunization records
- Comparison of Ukrainian and US vaccination schedules
- School and child care vaccination requirements and conditional status attendance
- Resources
- Questions



UKRAINIAN VACCINE RECORDS INTERPRETATION

Translation Guide Toolkit – NEW!



Translation Guide Toolkit created in partnership between
Spokane Regional Health District
&
Washington State Department of Health

Translation Guide Toolkit



Has:

- Guidelines for evaluating records
- Overview of vaccinations children typically receive in Ukraine
- US vaccination schedule
- Examples of vaccination records from Ukraine in Ukrainian and Russian
- And more!

Guidelines for Record Review

Avoid confusing month and day

- Ukraine uses the same calendar as the United States, but
- Dates are generally recorded using the European format of DD/MM/YY
- March 15, 2020
 - Ukrainian: 15/03/20
 - US: 03/15/20

Review both the original vaccine record and the translation (if available), to ensure general consistency;

- for example, name, date of birth, and total number of vaccines

Guidelines for Record Review

If a translation is not available

- Reference the Centers for Disease Control and Prevention's (CDC) Pink Book for generally used terms for vaccines in Ukrainian
 - See [Pink Book Appendix B: Vaccines](#).
- Use a reputable translation service
 - [Vax4School.org](#) (Вакцинация. Документы) parents can request volunteer assistance with vaccine record translation

Guidelines for Record Review

If a vaccine record is not available,

- Reference this CDC guidance: [Approaches to evaluation and vaccination of persons vaccinated outside the United States who have no \(or questionable\) vaccination records.](#)
- Presume that the child has not received the vaccine in question

Ukrainian Vaccination Records

- Ukraine does not issue a national immunization card
- Vaccine records vary by clinic and year of vaccine administration
 - Printed from a hospital or clinic
 - Handwritten often in the first few pages of medical history book

Toolkit: Ukrainian and Russian Name Translations

Ukrainian and Russian Name Translations

Vaccine	Language	Printed	Cursive
COVID-19	RUS	КОВИД, КОРОНА	<i>COVID-19</i> Ковид, Корона
	UKR	КОВІД, КОРОНА	<i>COVID-19</i> Ковід, Корона
DTap	RUS	АКДС	<i>АКДС</i> АКДС
	UKR	АКДП	<i>АКДП</i> АКДП
DT	RUS	АДС-М, АДС	<i>АДС</i> АДС-М, АДС
	UKR	АДП-М, АДП	<i>АДП</i> АДП-М, АДП
Hib	RUS	ХиБ, ХиБ, Гем. Инф. Гемофильна инфекция	<i>ХиБ, ХиБ, Гем. Инф. Гемофильна инфекция</i>
	UKR	ХіБ, ХіБ, Гем. Інф., Гемофільна інфекція	<i>ХіБ, ХіБ, Гем. Інф., Гемофільна інфекція</i>
Hep A	RUS	Геп А, Гепатит А	<i>Геп А, Гепатит А</i>
	UKR	Геп А, Гепатит А	<i>Геп А, Гепатит А</i>
Hep B	RUS	Геп Б, Гепатит Б	<i>Геп Б, Гепатит Б</i>
	UKR	Геп Б, Гепатит Б	<i>Геп Б, Гепатит Б</i>
HPV	RUS	ВПЧ, Папилломавирусная инфекция	<i>ВПЧ, Папилломавирусная инфекция</i>
	UKR	ВПЛ, Вірус папіломи людини	<i>ВПЛ, Вірус папіломи людини</i>
Influenza	RUS	Грипп	<i>Грипп</i>
	UKR	Грип	<i>Грип</i>
MMR	RUS	КПК (Корь, Паротит, Краснуха)	<i>КПК (Корь, Паротит, Краснуха)</i>
	UKR	КПК (Кір, Паротит, Краснуха)	<i>КПК (Кір, Паротит, Краснуха)</i>
Meningococcal ACWY	RUS	Четырехвалентная менингококковая вакцина	<i>Четырехвалентная менингококковая вакцина</i>
	UKR	Чотиривалентна менингокова вакцина	<i>Чотиривалентна менингокова вакцина</i>
Polio, OPV, IPV	RUS	Полиомиелит, ОПВ, ИПВ	<i>Полиомиелит, ОПВ, ИПВ</i>
	OPV, IPV	Поліомієліт, ОПВ, ИПВ	<i>Поліомієліт, ОПВ, ИПВ</i>
BCG	RUS	БЦЖ	<i>БЦЖ</i>
	BCG	БЦЖ	<i>БЦЖ</i>

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Lists the vaccine in Ukrainian and Russian

Both printed and cursive examples

Toolkit: Ukrainian and Russian Name Translations

Ukrainian and Russian Name Translations

Vaccine	Language	Printed	Cursive
COVID-19	RUS	КОВИД, КОРОНА	<i>COVID-19</i> Ковид, Корона
	UKR	КОВІД, КОРОНА	<i>COVID-19</i> Ковид, Корона
DTap	RUS	АКДС	<i>АКДС</i> АКДС
	UKR	АКДП	<i>АКДП</i> АКДП
DT	RUS	АДС-М, АДС	<i>АДС</i> АДС-М, АДС
	UKR	АДП-М, АДП	<i>АДП</i> АДП-М, АДП
Hib	RUS	ХИБ, ХИБ, Гем. Инф.	ХИБ, ХИБ, Гем. Инф. Гемоглибина

Lists the vaccine in Ukrainian and Russian

Both printed and cursive examples

Vaccine	Language	Printed	Cursive
COVID-19	RUS	КОВИД, КОРОНА	<i>COVID-19</i> Ковид, Корона
	UKR	КОВІД, КОРОНА	<i>COVID-19</i> Ковид, Корона
DTap	RUS	АКДС	<i>АКДС</i> АКДС
	UKR	АКДП	<i>АКДП</i> АКДП

Polio, OPV, IPV	RUS	Поллиомиелит, ОПВ, ИПВ	Поліомієліт, ОПВ, ІПВ
	OPV, IPV	Поліомієліт, ОПВ, ИПВ	Поліомієліт, ОПВ, ІПВ
BCG	RUS	БЦЖ	БЦЖ
	BCG	БЦЖ	БЦЖ

Toolkit: Ukrainian Vaccination Record Examples

Example of a clinic or hospital record

Щеплення проти кору Measles									
Вік	Дата	Доза	Серія	Реакція на щеплення		Медичні протипоказання (дата, причина)			
				загальна	місцева				
12.01.2011	24.03.14	MMR (КПК)	05050101	позитивна	позитивна				
12.01.2011	24.03.14	MMR (КПК)	05050101	позитивна	позитивна				
Щеплення проти COVID-19									
Вік	Дата	Доза	Серія	Реакція на щеплення		Медичні протипоказання (дата, причина)			
				загальна	місцева				
12.01.2011	15.04.21	COVID-19	FM	позитивна	позитивна				
12.01.2011	15.04.21	COVID-19	FM	позитивна	позитивна				
Щеплення проти гепатиту В Hep B									
Вакцинація	Назва препарату	Вік	Дата	Доза	Серія	Реакція на щеплення	Медичні протипоказання (дата, причина)		
1	Гепатит В	12	21.08.04	0,5	010101	позитивна	позитивна		
2	Гепатит В	12	15.09.04	0,5	010101	позитивна	позитивна		
3	Гепатит В	12	20.04.07	0,5	010101	позитивна	позитивна		
Інші щеплення									
Вік	Дата	Доза	Серія	Реакція на щеплення		Медичні протипоказання (дата, причина)			
1	12.01.2011	MMR	05050101	позитивна	позитивна	Often lot numbers will go after the letter "C"			
2	12.01.2011	MMR	05050101	позитивна	позитивна				
3	12.01.2011	MMR	05050101	позитивна	позитивна				
Туберкульозні проби TB Screen Test									
Вік	Дата	Доза	Серія	Результат	Вік	Дата	Доза	Серія	Результат
12	15.04.21	0,5	010101	позитивна	12	15.04.21	0,5	010101	позитивна
12	15.04.21	0,5	010101	позитивна	12	15.04.21	0,5	010101	позитивна
12	15.04.21	0,5	010101	позитивна	12	15.04.21	0,5	010101	позитивна

Знятий з обліку (дата) _____ Причина _____ Підпис _____

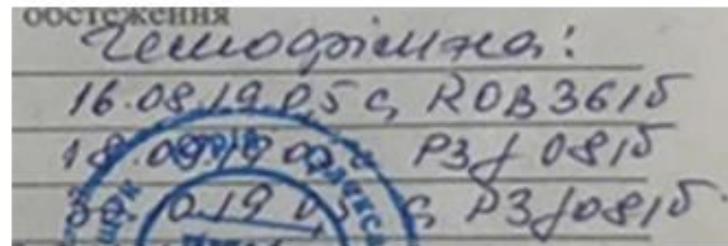
Карта заповнюється в дитячому лікувальному - профілактичному закладі або фельдшерському пункті при встановленні дитини на облік. У випадку виїзду дитини із міста або району видається завістка про проведення щеплення. Карта залишається в закладі. В 15 років батьки повинні надати картотеку реєстрації поліклініки, яка забезпечує збереження даних.

Toolkit: Ukrainian Vaccination Record Examples

Example of a Hib record

Haemophilus Influenzae Type B (Hib)

Ukraine's immunization schedule for Hib is consistent with the U.S. schedule. Record of vaccination can be written in English, as an abbreviation, or with the entire word written out.



Translation

Haemophilus:

08.16.19 0.5 lot ROB361b

09.18.19 0.5 lot P3J081b

10.30.19 0.5 lot P3J081b

Figure 8. Hib vaccination record on a clinic/hospital immunization form.

Вид щеплення	Назва препарату	Вік	Дата	Доза	Серія	Реакція загальна
Hib	Inf. hexa (Infanrix hexa)					
Hib	Шпр. шестив. 14		10.12.14	0.5	AD1000374	
	шпр. шестив. 8	25	07.15	0.5	AD1000374	

Figure 9. Hib vaccination record with Hib abbreviated on a clinic/hospital immunization form.



COMPARISON OF UKRAINIAN AND US SCHEDULES

Ukrainian Immunization Schedule

	Birth	3-5 Days	2 Months	4 Months	6 Months	12 Months	18 Months	6 Years	14 Years	16 Years
Hep B	1st dose		2nd dose		3rd dose					
BCG		1 dose								
MMR						1st dose		2nd dose		
DTaP*			1st dose	2nd dose	3rd dose		4th dose			
DT*								5th dose		
TD*										6th dose
Hib			1st dose	2nd dose		3rd dose				
Polio**			1st dose (IPV)†	2nd dose (IPV)†	3rd dose (IPV/OPV)†		4th dose (IPV/OPV)†	5th dose (IPV/OPV)	6th dose (IPV/OPV)†	

*First four doses are DTaP, fifth dose is DT and sixth dose is TD. **First and second doses are always IPV, while third through sixth doses can be either IPV or OPV. †IPV: injectable polio vaccine; OPV: oral polio vaccine

Source: National Vaccination Schedule, Health Ministry of Ukraine and Vaccination Schedule for Ukraine, WHO.

Ukrainian Immunization Schedule

	Birth	3-5 Days	2 Months	4 Months	6 Months	12 Months	18 Months	6 Years	14 Years	16 Years
Hep B	1st dose		2nd dose		3rd dose					
BCG		1 dose								
MMR						1st dose		2nd dose		
DTaP*			1st dose	2nd dose	3rd dose		4th dose			
DT*								5th dose		
TD*										6th dose
Hib			1st dose	2nd dose		3rd dose				
Polio**			1st dose (IPV)†	2nd dose (IPV)†	3rd dose (IPV/OPV)†		4th dose (IPV/OPV)†	5th dose (IPV/OPV)	6th dose (IPV/OPV)†	

*First four doses are DTaP, fifth dose is DT and sixth dose is TD. **First and second doses are always IPV, while third through sixth doses can be either IPV or OPV. †IPV: injectable polio vaccine; OPV: oral polio vaccine

Source: National Vaccination Schedule, Health Ministry of Ukraine and Vaccination Schedule for Ukraine, WHO.

More information about childhood vaccination in Ukraine can be found:

- [Ministry of Health Ukraine](#)
- [World Health Organization](#)

Please note that older children and adults may have received different vaccines.

United States CDC/ACIP Immunization Schedule

	Birth	1 Months	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	19-23 Months	2-3 Years	4-6 Years	11-12 Years	16 Years
Hep B	1st dose	2nd dose			3rd dose								
MMR						1st dose					2nd dose		
Meningococcal ACWY												1st dose	2nd dose
Tdap												1 dose	
DTaP			1st dose	2nd dose	3rd dose		4th dose				5th dose		
Hib			1st dose	2nd dose		3rd or 4th dose*							
Polio (IPV)			1st dose	2nd dose		3rd dose					4th dose		
PCV 13			1st dose	2nd dose	3rd dose	4th dose							
Varicella						1st dose					2nd dose		

Sources: U.S. Immunization Schedule and Individual Vaccine Requirements Summary; Guidelines on Immunizations Required for Child Care/Preschool and School Entry in Washington State.

CDC/ACIP Recommended vs. WA Required



ACIP Recommended

Hepatitis B
DTaP/Tdap
IPV
MMR
Varicella
PCV
Hib
Hepatitis A
HPV
Meningococcal
Flu
Rotavirus
COVID-19



WA State Required

Hepatitis B
DTaP/Tdap
IPV
MMR
Varicella
PCV (until 5 years old)
Hib (until 5 years old)



Vaccines Required for Child Care 2022-2023

Vaccines Required for Child Care 							
	Hepatitis B	DTaP (Diphtheria, Tetanus, Pertussis)	Hib (<i>Haemophilus influenzae</i> 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 Preschool-12th Grade School 2022-2023

Parents– Are Your Kids Ready for School?

Required Immunizations for School Year 2022-2023



Instructions: To see which vaccines are required for school, find your child's grade in the first column. Look at the matching row across the page to find the amount of vaccines required for your child to enter school.

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> 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/ 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	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**

*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. Students must get vaccine doses at the correct timeframes to be in compliance with school requirements. Talk to your health care provider or school staff if you have questions. Find information on other important vaccines that are not required for school at: www.immunize.org/cdc/schedules.

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DOH 348-295 April 2022

Vaccines Required for Child Care 2022-2023

Vaccine	Dose #	Minimum Age*	Minimum Interval* Between Doses	Notes
Hepatitis B (HepB)	Dose 1	Birth	4 weeks between dose 1 & 2	The final dose in the series should be given at least 24 weeks of age.
	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)	Dose 1	6 weeks	4 weeks between dose 1 & 2	Typical vaccine schedule: 2, 4, 6 and 15-18 months of age. Recommended: 6 months between dose 3 and 4, but at least 4 months minimum interval acceptable.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	6 months between dose 3 & 4	
Haemophilus influenzae type B (Hib)	<p>If all 3 doses of PedvaxHIB given, only need 3 doses total. Dose 3 must be \geq12 months of age.</p> <p>Only one dose required if the dose is given on or after 15 months of age. Review the Individual Vaccine Requirements Summary for minimum doses required: https://www.doh.wa.gov/SCCI</p>			<p>... must be \geq12 months of age. Review the required: https://</p>
Pneumococcal Conjugate (PCV13)	Dose 4	12 months	—	<p>... of age. Review the required: https://</p>
Polio (IPV or OPV)	Dose 1	6 weeks	4 weeks between dose 1 & 2	Three doses are acceptable if the child received dose 3 on or after their 4th birthday.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	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. 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).

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DOH 348-053 Dec 2021



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

- 4. Catch-up immunization schedule for students ≥ 7 years of age not fully vaccinated with DTaP:**
Student must get one Tdap vaccine followed by additional doses of Td or Tdap if needed. DTaP given in error to a student ≥ 7 years of age in a catch-up schedule is valid for the Tdap.
- a. A student who has not received any DTaP/DT vaccines before the age of 7 must get one dose of Tdap followed by 2 doses of Td or Tdap.
 - i. The interval between dose 1 and dose 2 must be ≥ 4 weeks.
 - ii. The interval between dose 2 and dose 3 must be ≥ 6 months.
 - b. If DTaP/DT dose 1 was given < 12 months of age, a minimum of 4 total doses of a combination of DTaP, Tdap, or Td are needed. Tdap must be included.
 - i. The interval between dose 1, dose 2, and dose 3 must be ≥ 4 weeks each.
 - ii. The interval between dose 3 and dose 4 must be ≥ 6 months.
 - iii. If 4 doses of DTaP given < 4 years of age, but none ≥ 4 years, Tdap must be given ≥ 7 years of age.
 - c. If DTaP/DT/Tdap/Td dose 1 was given ≥ 12 months of age, a minimum of 3 total doses of a combination of DTaP, Tdap, or Td are needed. Tdap must be included.
 - i. Interval between dose 1 and 2 must be ≥ 4 weeks each.
 - ii. Interval between dose 2 and dose 3 must be ≥ 6 months.
 - iii. If 4 doses of DTaP given < 4 years of age, but none ≥ 4 years, Tdap must be given > 7 years of age.

IVRS: Individual Vaccine Requirements Summary

Available on DOH website:

www.doh.wa.gov/SCCI

Comparison of Ukrainian & US Schedules

Schedules are the same:

- Hepatitis B
- Hib
- MMR

Schedules that differ:

- Polio
- DTaP and Tdap

Not on the Ukrainian schedule required for school or child care in WA:

- PCV
- Varicella

Comparison of Ukrainian & US Schedules

Schedules that differ:

- Polio

Ukrainian Schedule

	Birth	3-5 Days	2 Months	4 Months	6 Months	12 Months	18 Months	6 Years	14 Years	16 Years
Polio**			1st dose (IPV)†	2nd dose (IPV)†	3rd dose (IPV/OPV)†		4th dose (IPV/OPV)†	5th dose (IPV/OPV)	6th dose (IPV/OPV)†	

US Schedule

	Birth	1 Months	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	19-23 Months	2-3 Years	4-6 Years	11-12 Years	16 Years
Polio (IPV)			1st dose	2nd dose	3rd dose						4th dose		

Comparison of Ukrainian & US Schedules

Schedules that differ: Polio

Ukrainian Schedule

	Birth	3-5 Days	2 Months	4 Months	6 Months	12 Months	18 Months	6 Years	14 Years	16 Years
Polio**			1st dose (IPV)+	2nd dose (IPV)+	3rd dose (IPV/OPV)+		4th dose (IPV/OPV)+	5th dose (IPV/OPV)	6th dose (IPV/OPV)+	

IPV (trivalent) is used for the 1st two doses after which OPV or IPV is used

If polio dose 3+ is not listed as OPV or IPV, consider it to be OPV

OPV on or after 04/01/2016 is bivalent

Only trivalent polio vaccine is acceptable in the US schedule

OPV doses on or after 04/01/2016 do not count toward series completion

Give additional doses of IPV as needed to complete the series: [Birth-18 Years Immunization Schedule | CDC](#)

Antibody titer immunity is acceptable only if there is documentation of immunity to all 3 types of poliovirus

- Testing for type 2 not available since 2016

Comparison of Ukrainian & US Schedules

Schedules that differ:

DTaP and Tdap

Ukrainian Schedule

	Birth	3-5 Days	2 Months	4 Months	6 Months	12 Months	18 Months	6 Years	14 Years	16 Years
DTaP*			1st dose	2nd dose	3rd dose		4th dose			
DT*								5th dose		
TD*										6th dose

US Schedule

	Birth	1 Months	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	19-23 Months	2-3 Years	4-6 Years	11-12 Years	16 Years
Tdap												1 dose	
DTaP			1st dose	2nd dose	3rd dose		4th dose				5th dose		

Comparison of Ukrainian & US Schedules

Schedules that differ: DTaP and Tdap

Ukrainian Schedule

	Birth	3-5 Days	2 Months	4 Months	6 Months	12 Months	18 Months	6 Years	14 Years	16 Years
DTaP*			1st dose	2nd dose	3rd dose		4th dose			
DT*								5th dose		
TD*										6th dose

DTaP is used for the 1st four doses

DT is used for the pre/school entry booster and Td is used for the decennial booster

US schedule is DTaP for the pre/school entry booster and Tdap at age 11-12 as adolescent pertussis booster

Children and adolescents may need DTaP or Tdap to meet the pertussis requirement

- See the Individual Vaccine Requirements Summary for more information

There are no acceptable antibody titer tests to document immunity to pertussis

Comparison of Ukrainian & US Schedules

Not on the Ukrainian schedule required for school or child care in WA:

- PCV

	Birth	1 Months	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	19-23 Months	2-3 Years	4-6 Years	11-12 Years	16 Years
PCV 13			1st dose	2nd dose	3rd dose	4th dose							

Only required through age 4 years. Not required at age 5 or older

Depending on the child’s current age the number of doses needed may be less than four

- Children with one dose at age 24 months or older can complete the series with that one dose
- See the Individual Vaccine Requirements Summary PCV Chart for more information
- Immunity to pneumococcal cannot be documented with antibody titers

Comparison of Ukrainian & US Schedules

Not on the Ukrainian schedule required for school or child care in WA:

- Varicella

	Birth	1 Months	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	19-23 Months	2-3 Years	4-6 Years	11-12 Years	16 Years
Varicella						1st dose					2nd dose		

1 dose required for child care

2 doses required for preschool/school entry at age 4 years or older

- Minimum interval between doses
 - Age 4 through 12 years = 3 months
 - Age 13 and older = 28 days

Healthcare provider documentation of history of chickenpox disease is acceptable to document immunity

Healthcare provider documentation of antibody titer sufficient for immunity is acceptable

Vaccine Catch-up Schedule

Conditional Status Catch-Up Schedule

For Age 4 Years and Older



Children can enter and stay in school or child care in conditional status if they are catching up on the vaccines required to document immunity. Conditional status allows a child to attend school or child care while waiting for their next vaccine dose according to the national immunization catch-up schedule. When the child's next vaccine dose comes due, they have 30 calendar days to turn in documentation showing their vaccination. If a child is catching up on multiple vaccines, conditional status continues in a similar manner until all of the vaccines needed to document full immunity are completed.

Before attending in conditional status, a child must have at least the first dose of the vaccine series. Additionally, the child can't be currently due for any additional doses. Conditional attendance is contingent upon documentation of the remaining required immunizations as shown in the timelines below.

DOSE	EARLIEST A DOSE MAY BE GIVEN	EXCLUDE IF PROOF NOT PROVIDED BY ¹
Polio Dose 2	4 weeks after dose 1	4 weeks + 30 days after dose 1
Polio Dose 3 ²	6 months after dose 2	6 months + 30 days after dose 2
Hep B Dose 2	4 weeks after dose 1	4 weeks + 30 days after dose 1
Hep B Dose 3	8 weeks after dose 2 and at least 4 months after dose 1	8 weeks after dose 2, and at least 4 months after dose 1 + 30 days
MMR Dose 2	4 weeks after dose 1	4 weeks + 30 days after dose 1
Varicella Dose 2	For ages under 13: 3 months after dose 1	3 months + 30 days after dose 1
	For ages 13 and older: 4 weeks after dose 1	4 weeks + 30 days after dose 1
DTaP ³ Dose 2 at age 4-6 years	4 weeks after dose 1	4 weeks + 30 days after dose 1
DTaP Dose 3 at age 4-6 years	4 weeks after dose 2	4 weeks + 30 days after dose 2
DTaP Dose 4 ⁴ at age 4-6 years	6 months after dose 3	6 months + 30 days after dose 3
Tdap/Td ⁵ Dose 2 at age 7 or older	4 weeks after dose 1	4 weeks + 30 days after dose 1
Tdap/Td Dose 3 at age 7 or older	If dose 1 ¹ was given before 12 months of age: 4 weeks after dose 1	4 weeks + 30 days after dose 2
	If dose 1 ¹ was given at 12 months of age or after: 6 months after dose 2 (final dose ³)	6 months + 30 days after dose 2
Tdap/Td Dose 4 at age 7 or older	If dose 1 ¹ was given before 12 months of age: 6 months after dose 3	6 months + 30 days after dose 3

Timelines of vaccine catch-up schedule for children age 4 years and older



SCHOOL AND CHILD CARE VACCINE REQUIREMENTS
AND
CONDITIONAL STATUS

School/Child Care Entry Requirements

On or before the first day of attendance children must have turned in documentation of:

- Full immunization by vaccination or antibody titer for the diseases for which full immunization is required; or
- Completed Certificate of Exemption; or
- Initiation of a schedule towards full immunization

Documentation must be turned in before the child can start school or child care.

Exception:

- McKinney-Vento and children in foster care without immunization documentation must be enrolled and cannot be excluded

Hardcopy CIS



Certificate of Immunization Status (CIS)

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

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

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	Documentation of Disease Immunity (Health care provider use only)
Required Vaccines for School or Child Care Entry								
●▲ DTaP (Diphtheria, Tetanus, Pertussis)								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: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below. <input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella <input type="checkbox"/> Polio (all 3 serotypes must show immunity)
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)								
●▲ DT or Td (Tetanus, Diphtheria)								
●▲ Hepatitis B								
● Hib (<i>Haemophilus influenzae type b</i>)								
●▲ IPV (Polio) (any combination of IPV/OPV)								
●▲ OPV (Polio)								
●▲ MMR (Measles, Mumps, Rubella)								
● PCV/PPSV (Pneumococcal)								
●▲ Varicella (Chickenpox) <input type="checkbox"/> 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)								
Kotavirus								

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.
---	---

Fill out with vaccination dates from the vaccination record

Attach a copy of the vaccination record and a translation (if applicable)

School staff will compare the dates on the translation and verify for accuracy

Conditional Status

Sometimes children are behind on their vaccinations

Before starting school or child care they must:

- Have **all vaccinations they are eligible to receive** on or before the first day of attendance
- Not be currently due for any of the additional required doses

All of the Doses - Example

A 6 year old child entering 1st grade has:

- 4 doses DTaP before age 4 and a DT at age 5
- 2 doses of IPV before age 4 (has OPV doses after 04-01-16 which do not count)
- 1 dose of MMR
- No varicella or Hepatitis B

Must get:

- Dose 5 of DTaP (for the pertussis) – series complete
- Dose 3 of IPV – series complete
- Dose 2 of MMR – series complete
- Dose 1 of varicella before starting school (then can attend in conditional status)
- Dose 1 of Hepatitis B before starting school (then can attend in conditional status)

Conditional Status

Vaccine doses in a series are spread out with minimum intervals, so some children may have to wait a period of time before finishing their vaccinations.

Conditional status allows them to attend school or child care while waiting for their next vaccine dose to come due according to the national immunization catch-up schedule.

Conditional Status

Children attending school in Conditional Status must:

- Have all vaccinations they are eligible to receive on or before the first day of attendance
- Not be currently due for any of the additional required doses
- **Parent/guardian must acknowledge conditional status entry and timelines on the CIS**

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):	SIHS 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	
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**

Vaccine	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) <input checked="" type="checkbox"/> 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

Conditional Status Timelines

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

- Conditional status continues in a similar manner until all of the required vaccines are complete.
- 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](#)

Conditional Status – Timeline Example

A child entering kindergarten has had all vaccines except MMR dose 2. MMR dose 1 was administered one day before the start of school:

- They can start school in conditional status for 28 days (waiting for MMR dose 2 recommended date) plus an additional 30 days in which to get the dose.

Conditional Status

September

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

MMR #2 due

Student stays in school until next dose is due.

Dates follow the recommended dates of the [ACIP Catch-Up Schedules](#).

Conditional Status

October

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

*Documentation
due to school*

Student has 30 days from due date to turn in documentation.

Conditional Status continues until all of the series are complete.

Conditional Status

October

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

X
NO PAPERWORK?
OUT OF COMPLIANCE

If the 30 days expires without documentation of immunization or an exemption the student is out of compliance

Students out of compliance must be excluded. RCW [28A.210.120](#)

Sample Parent Letter

Notice of Child's Conditional Immunization Status - SAMPLE LETTER

[INSERT DATE]

Dear Parent or Guardian of [INSERT CHILD'S FULL NAME]:

Your child is attending [INSERT SCHOOL OR CHILD CARE NAME] with a Conditional Immunization 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.

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.

Our records show that you child is due for the next dose of the vaccine/s marked with an 'x' on [INSERT DATE]:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> MMR (measles, mumps, rubella) | <input type="checkbox"/> PCV/PPSV (pneumococcal) | <input type="checkbox"/> IPV (polio) |
| <input type="checkbox"/> DTaP (diphtheria, tetanus, pertussis) | <input type="checkbox"/> Tdap (tetanus, diphtheria, pertussis) | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Hib (Haemophilus influenzae type b) | <input type="checkbox"/> Varicella (chickenpox) | |

Documentation must be turned into school/child care by [INSERT DATE – 30 DAYS AFTER VACCINE DUE DATE]

If we do not receive documentation by due date above, by law we must send you a Notice of Exclusion for Immunization Noncompliance. This Notice will explain that your child cannot attend school/preschool/child care until you provide the required immunization documentation, [RCW 28A.210.120](#). Valid documentation includes medical records showing vaccination, evidence of immunity to the disease in question, or a completed Certificate of Exemption (COE) form.

What do vaccines cost?

In Washington, all children under age 19 can get vaccines at no cost from their health care provider. Providers may charge an office visit fee and a fee to give the vaccine, called an administration fee. If you cannot pay the administration fee, you can ask your health care provider to waive the cost. You can also use <https://vaccinefinder.org> to find other places that vaccinate near you, such as pharmacies.

Where do I get more information? Where do I get forms?

For more information about immunization requirements, including links to the forms mentioned above, visit <https://www.doh.wa.gov/SCCI>. You can reach us at [INSERT PHONE #] for help or more information.

Sincerely,

[INSERT NAME AND TITLE OF EMPLOYEE, AND NAME OF SCHOOL]

Editable sample parent letter to inform them about their child's conditional status deadline.

Available at
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 #348-277 June 2020



RESOURCES

Resources

Immunize.org

- Vaccine Information Statements (VIS) in [English](#), [Ukrainian](#) and [Russian](#)

Minnesota Department of Health Center of Excellence in Newcomer Health

- [Ukrainian Clinical Guidance](#)

University of Minnesota National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM)

- [COVID-19 Resources for Ukrainian New Arrivals](#)

[Vax4School.org](#) (Вакцинация. Документы)

- parents can request volunteer assistance with vaccine record translation

Resources

WithinReach

- [E-Course: Fostering COVID-19 Vaccine Confidence in Russian and Ukrainian Speaking Communities](#)
- <http://www.parenthelp123.org/benefit-finder/>

Clinics in the Vaccines For Children (VFC)

- Program provide childhood vaccines to all persons through age 18 at no cost in the state of Washington, regardless of insurance or immigration status.
- Clinics providing VFC vaccine can be found on this vaccine map: [https://fortress.wa.gov/doh/vaccinemap.](https://fortress.wa.gov/doh/vaccinemap)

Resources

Spokane Regional Health District links to resources

- [Record-Translation](#)

Washington State Department of Health

- School and Child Care Immunizations www.doh.wa.gov/SCCI
 - Child Care Chart for Parents: [English \(PDF\)](#) | [Ukrainian \(PDF\)](#) | [Russian \(PDF\)](#)
 - School Chart for Parents: [English \(PDF\)](#) | [Ukrainian \(PDF\)](#) | [Russian \(PDF\)](#)
 - CIS: [English \(PDF\)](#) | [Ukrainian \(PDF\)](#) | [Russian \(PDF\)](#)
 - COE: [English \(PDF\)](#) | [Ukrainian \(PDF\)](#) | [Russian \(PDF\)](#)
- Plain Talk About Childhood Immunizations in [English](#), [Ukrainian](#) and [Russian](#)
- COVID-19 Vaccine Information in [Ukrainian](#) and [Russian](#)
- Email questions to Oischools@doh.wa.gov



QUESTIONS?

PLEASE USE THE Q&A PANEL FOR QUESTIONS.



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.