

## Ukrainian Vaccination Records Webinar (transcript)

Washington State Department of Health

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- [Phillip] Good morning, everybody. Hope you're doing well. Just gonna wait just a little bit for folks to join us here. We had about 250 some people registered. We're already almost half, so that's pretty good. Okay. Well, let's get started. I wanna be respectful of everybody's time. In the chat box, I have linked the slides for today's webinar. If you did not see in your email beforehand, we included a linked slides, which can be found on our School and Childcare Immunization page. So welcome. We're gonna be going over Ukrainian vaccine records today. Very excited. This is done in partnership with the Spokane Regional Health District. They've been a big help and have made the wonderful resource that we're gonna cover today. So my name is Phillip Wiltzius. I'm a School and Childcare Immunization Health Educator at the Department of Health. And my colleague, Katherine Graff, is a School and Child Care Immunization Nurse Consultant also with the Department of Health. She'll be doing most of the presenting today. I will be facilitating and doing a little bit of introduction. Of course, we have Vadim with the Department of Health as well. He's a project manager supporting the health of former Soviet Union communities, and Iryna who is a Childhood Vaccine Regional Coordinator at the Spokane Regional Health District. They'll be helping to answer any questions that Katherine, I cannot answer. So thank you both for your support today. So I wanted to go over a couple of webinar ground rules before we get started. So we are recording this webinar today as we do wanna make it a resource that people can refer to in the future. Hopefully, we'll get that up in a couple weeks on our DOH YouTube, and we'll share the link and We have disabled comments for the webinar. But if you do have any questions, feel free to ask them in the questions and answer panel. We should have time at the end of the webinar to go over questions. And as I mentioned earlier, I linked the slide presentation in chat a little earlier. And it should also have been on your Zoom reminder email. Now, before we continue, I wanted to do a quick poll real quick actually. And I just was curious to see where you all are hailing from in the professional sphere. These are multiple choice. So if you do have multiple of these, you can click more than one. This is very cool. We just thought about this. I was like, "Oh we should do a poll question," just 'cause I was really curious. Okay. Looks like most people have responded, so I'm good. And I can share. It looks like most folks are school in child care staff, which is great. And welcome as well to our other healthcare providers and public health . Okay. So I just wanted to comment very briefly about this webinar that we're helping it aligns with kind of our overall vision to help people attain their full potential. And kind of as part of that, our goal is to kind of create and promote tools that help reduce health barriers and support different communities in the state, like I said, to help them attain their best self. Kind of the goal for this webinar is to assist schools and healthcare providers who support vaccinations and health screenings 'cause, obviously, you all are kind of doing the ground level work on this. And of course, to ensure the equity of children in school and child care, while meeting public health immunization needs. And then just a little note down on the bottom. The webinar and the tools that we are sharing do not replace, obviously, like the best practice of using a qualified interpreter to facilitate communication or

do site translations when needed. It's obviously the best route to go, but I think these resources that we're gonna share will also be helpful. So a little bit of background on why Ukrainian vaccination records and doing interpretation for them is important. So since 1979, Washington State has welcomed a variety of refugees who flee persecution. Over the past 10 years, Washington has welcomed over 30,000 refugees from over 70 countries. And you can see that 6,500 of them are Ukrainian refugees, so that's a sizeable percentage. The national United for Ukraine program, which President Biden created, streamlines the process for Ukrainian citizens to stay temporarily here in the states because of the Russian-Ukrainian conflict. And as part of that, we're currently hosting over 10,000 Ukrainians. And we are in the top five states in the nation as far as numbers for supporting Ukrainians in this program. I think we're fourth behind, it's like California, New York, and Illinois. Of course, here at the Department of Health, we've seen increasing requests for help with Ukrainian health records, vaccination records, getting those translated. So today's presentation, we're going to go over a new toolkit for record review and interpretation. We're gonna go over kind of like the guidelines for doing record review. We're gonna talk a little bit about Ukrainian immunization records and what they look like. And then we're gonna do kind of a comparison between Ukrainian and United States vaccination schedules. And then we'll kind of go a little bit more into detail on school and child care vaccination requirements, and conditional status attendance, and kind of how to deal with all of that. And then we have some cool resources to share. And then we'll have time for questions at the end. So I'm gonna turn it over to Katherine, and she's going to present.

- [Katherine] Thanks, Phil. Yes, so welcome. I'm really excited to be able to share some new resources and information with you. Next slide. So we have produced a new translation guide toolkit for Ukrainian and Russian vaccination records. This is in partnership with Spokane Regional Health and here us at Washington Department of Health. Iryna who's on this call to support us with Q&A actually did the heavy lift on a lot of this. It's a really cool, new resource for us. Next slide. It has guidelines for evaluating records, an overview of vaccination that children typically receive in Ukraine, the US vaccination schedule, and then examples of records from Ukraine and in Russian and Ukrainian and more stats. It's got some good stuff. So I'm gonna cover a few highlights here. Next slide. So when looking at foreign records, including those from Ukraine, be sure that you have the right day and month cadence. So in Europe, most of the formatting is day, day, month, month, year, year as opposed to here in the US how we start with the month, day, year. So you wanna be sure that you have the right dates when you're looking at those records. You wanna review both the original vaccine record and the translation if available to ensure consistency. Look for the name, the date of birth, and the total number of vaccinations. Next. If the translation is not available, then you can reference the CDC Pink Book for generally used terms. There's a link here on this slide. And again, the slides are available in the chat, so you'll have these links available. And then there is a very cool, new translation service, specifically for our Ukrainian population. There's this website [Vax4School.org](http://Vax4School.org). It's not part of DOH here or Spokane's DOH. It's a a separate entity. But it's a place where parents can request volunteer assistance with vaccine record translation. So I do want it to highlight that as a resource. Next slide. Now, if there is no vaccine record available, the CDC guidance on approaches to evaluating vaccination records, when they don't have or they have questionable records is in this guidance. The primary guidance is to presume

that the child has not received the vaccine in question. And they actually just recently updated that guidance to say that titers are not recommended approach for persons who are missing vaccination records. Next slide. Now, specifically about Ukrainian vaccination records. So Ukraine does not issue a national immunization card. So they're gonna have records that vary by clinic and year of vaccine administration. There are typically two types of immunization records that you might see: those printed from a hospital or clinic, or they might be handwritten records that are in the first few pages of a medical history book. Most Ukrainians have a medical history book that they either keep or their healthcare provider keeps, and then medical information is listed in those records. Next slide. So the toolkit has a list of the vaccine names in Ukrainian and Russian and has both printed and cursive examples of what those look like in Ukraine. Next slide. And here's a little bit of a closeup of some of that, so you can kind of get an idea of what the vaccine, how they're documented in both Russian and Ukrainian. Next slide. The toolkit also has examples of actual records, so images of some records that you'll see with some descriptions. So this is an example of those lifetime records that are handwritten in their medical book. Then next slide. And this is something that might be a clinic or hospital record. And again, it's just giving you some examples to help you in looking at those records. Once again, though, I do wanna highlight that really the best practice is to have these translated by somebody who's qualified to translate. Next slide. Here is an example of the individual vaccinations, the different vaccine groups. So each one is broken out separately. So this is Hib. And so this is what it might look like printed and written, so you get some more examples specifically of those vaccines. So all of that is available in the toolkit. So I really do encourage you to check it out. Next slide. So, now, I wanna go onto a comparison of the Ukrainian and US schedules. Here is the Ukrainian immunization schedule put together in a table. This is also in the toolkit, so you'll have it handy there. Next slide. In more information if you want about the actual Ukrainian schedule, there's the Ministry of Health in Ukraine here that's linked and then there's also the World Health Organization that has the different schedules for different countries. It's important to note, though, when you're looking at those information there, that older children and adults may have received different vaccines or on a different schedules 'cause these references here are for the current schedules. Next slide. This is the CDC/ACIP schedule that's in the toolkit. So it's just showing what the US schedule looks like. Next slide. So in this conversation about comparing the different schedules, I'm gonna focus on the Washington required vaccines for school and child care attendance because that's a lot of what we're trying to do. The ACIP schedule on the left, of course, includes more vaccines than are required in Washington State. Certainly want children to get all of those vaccines that are recommended. But if we have to start in a more narrow approach, we want to focus on what's required so we don't delay children getting into school. Next slide. This is the vaccine required chart for childcare for 2023. Now, the vaccines required in Washington State are based on the ACIP CDC schedule. So they are required to have the doses at those ages and intervals even if they might have been vaccinated on a different schedule in another country. Next slide. So this is the chart for vaccines required for preschool through 12th grade. We'll show you the number of doses required. And then on the next slide, it will show you the back of the charts, have more details about the minimum ages and intervals and notes with some of the exceptions to the rules, et cetera. So good information on the charts. Next slide. But the most comprehensive guide for the school and childcare requirements is the individual vaccine requirement summary. It really is your go-to guide with all of the details of the rules on ages and intervals, the exceptions to the rules, and importantly for this conversation, the catch-up

immunization schedules, which can be complicated, especially the DTP family, which is kind of highlighted here in this slide. So I do encourage you to refer to this if you're working on catching children up so that they can attend school and childcare. We do update this every year so it's always current for the current school year. So, now, let's dig into the Ukrainian and US schedules where they are similar and where they differ. Where they're the same is hepatitis B, Hib, and MMR. So we would expect to see those same similar schedules for both the US and Ukraine. There are schedules that differ, that's polio and DTap and Tdap. So I'm gonna highlight those for you and tell you where they differ. And then the two vaccines that are required for school or child care, PCV, up until age five and then varicella are not in the Ukrainian schedule. So we would not expect those children to have those vaccines and they'll need to get those. So let's look at polio. As you can see, the polio schedule for Ukraine, above; and then the US schedule, down below. Next slide. So looking at the Ukrainian schedule, IPV which is trivalent protects against all three types of polio viruses is used for the first two doses after which IPV or OPV is used. Now, if polio dose three is not listed in the record as OPV or IPV, consider it to be OPV. We wanna default to OPV for those doses. OPV on or after April 1st, 2016 is only bivalent, meaning that it only protects against two of the polio strains. In the US, only trivalent polio is acceptable. And so if a child had OPV doses on or after April 1st, 2016, they do not count towards serious completion. They need to get additional doses of IPV if needed to complete the schedule. The link here to the US schedule has more information about that, so that's important. Now, an antibody titer is acceptable. However, since 2016, testing for type 2 two has not been available since it was eradicated the wild polio virus there. If you're trying to do titers for school attendance, now you can only do type 1 and 3 and that is not acceptable. So really the only way is additional vaccination to show immunity. Next slide. Let's move on to DTaP and Tdap. Next slide. So how they differ in the Ukrainian schedule is that DTaP is used for the first four doses. So that takes you up to that 18-month dose. But after that, the Ukrainian schedule has DT at six years of age and then a TD at 16. They do not have the pertussis in those doses. So children will probably need to get starting in preschool at age four and older an additional dose of DTaP. And if they're in seventh grade or older, they're going to need a Tdap because they need that pertussis immunity. Again, see the individual vaccine requirements summary for more information. There's a really nice chart in there or a detailed list of the catch-up schedules for these vaccines. And again, I just wanna highlight that there is no acceptable antibody titer test to document immunity to pertussis. So that is not an option for the pertussis component. Next slide. So PCV. As you me might remember, I said PCV is not in the Ukrainian routine schedule. It is only required here in Washington for children through four years of age. Once they turn five, it's not routinely recommended anymore. Now, depending on the child's current age, the number of doses they may need could be less than four doses. Children, for example, with one dose at age 24 months or older can complete that series with just one dose. So there's a really great chart in the individual vaccine requirements summary that helps you kind of determine how many doses are needed. And immunity to pneumococcal cannot be documented with antibody titers. The other vaccine that's not in the routine Ukrainian schedule is varicella for chickenpox. One dose is required at age 12 months or older in childcare. And at preschool or school entry, at age four or older, they need to have two doses. Now, the interval between those two doses depends on their current age. If they're 4 through 12 years of age, the minimum interval is three months for dose two. If the child is 13 or older, that minimum interval goes down to 28 days. Now, healthcare provider documentation of history of chickenpox disease is acceptable in lieu of the varicella vaccinations. And

healthcare provider documentation of antibody titer is also acceptable. So those are two options as well for varicella. Next slide. There is a very handy vaccine catch-up schedule that is on the School and Child Care Immunization page. It's also listed in the toolkit. So that can help you in determining when the earliest the next dose may be given for children in the catch-up schedule and how that works in conditional status. Next slide which leads me right into a nice segue of the vaccination requirements and conditional status. So how does that work for children to be able to attend school in conditional status? Next. Oh, you're here. On or before the first day of attendance in Washington, children must have turned in documentation of either full immunization, or a completed certificate of exemption, or initiation of a schedule towards full immunization. Now, documentation must be turned in before the child can start school or child care. There is an exception. And that children who are defined as homeless in the McKinney-Vento Act and children who are in foster care without immunization documentation must be enrolled and cannot be excluded. So if the children coming from Ukraine meet that definition of homeless in McKinney-Vento, then they may be immediately enrolled. But not all will meet that definition. Next, here's the hard copy CIS. This is filled out with vaccination dates from the vaccination record. There is a Russian and Ukrainian translation of this in addition to several other languages on the School and Child Care website. If it's filled out like this by hand, a copy of the vaccination record and translation, and if available, should be attached to this so that the school can compare the dates on the immunization record with the dates on the CIS, and then they can verify it for accuracy. Now, conditional status, some children are behind on their vaccinations. And so before starting school to child care, in order to attend in conditional status, they must have all of the vaccinations they are eligible to receive. And so they are not currently due for any additional required doses. Next. Okay. All of the doses. What does that mean, all of the doses? Let's say a six-year-old child is entering first grade, and they had four DTaP doses before age four and a DT at age five. They had two doses of IPV before age four. They had some OPV, but those don't count because of the date. They've had one MMR and no varicella or hepatitis B. Now, they must get dose five of DTaP, which completes that series, dose three of IPV that completes that series, the second dose of MMR, which completes the series. They'll get dose one of varicella, and then they can attend in conditional status while they're waiting for dose two and dose one of hepatitis B, and then can attend in conditional status while waiting for dose two. Conditional status, so vaccine doses spread out with minimum intervals. So they're waiting for those next vaccines to come due so that they can attend in this conditional status while they're waiting for those due date, the next due date according to the US national immunization catch-up schedule. Next slide. Oh, here you are. Children attending school in conditional status must have, I said, all of the vaccinations they're eligible to receive not currently be due for any of the additional required doses. And finally, the parent or guardian must acknowledge the conditional status entry and timelines on the CIS. This is where they're going to sign acknowledging the timelines. This is required if the child will be attending in unconditional status. Now, the timelines are that they are attending in unconditional status until the next dose comes due. Then they can stay in school for an additional 30 days, which gives them time to get the next dose and turn in the documentation to the school. Once they've turned in the documentation, if additional doses are needed, then the conditional status continues and that's similar manner until it's all complete. But if the 30 days expires without documentation of immunity or an exemption being turned in, then the child is considered out of compliance and must be excluded according to the law. Next slide. So let's give an example. Let's say we have a child entering kindergarten

that has had all of their vaccines except MMR dose number two. MMR dose number one was administered one day before the start of school. So they can start schooling conditional status for the 28 days, waiting for that dose two to come do the recommended date plus an additional 30 days in which to get the dose. So let's see what that looks like on a calendar. So let's say MMR dose number two is due on the 28th of September. So the student can stay in school until that date. And again, we're following the ACIP catch-up schedule. Now, the student has 30 days from the due date to turn in the documentation. And then conditional status would continue until they're all complete. In this case, those two would complete the series. Now, if the 30 days expires without documentation of immunization or an exemption, then the student is out of compliance. And again, students out of compliance must be excluded. This is an example of a sample parent letter that we have available on our School and Child Care website. It's a document that you can edit and add information to, but it's got some sample language to help notify parents about conditional status and when the documentation is due. Finally, I wanna go over some resources. First, [immunize.org](https://immunize.org). The national [immunized.org](https://immunized.org) has a vaccination information, the VIS that needs to be given to the parents every time their child gets a vaccine. They have that in a whole bunch of languages. But here, we have linked the English, Ukrainian, and Russian, which is helpful sometimes for seeing the different vaccines in different languages. The Minnesota Department of Health has an excellent, a newcomer resource here in this Ukrainian Clinical Guidance. The University of Minnesota also has a really nice page here for COVID-19 resources for Ukrainian new arrivals. And again, that Vax4School is super cool. There's also a QR code here, which is fun that will take you to that website. Parents can request volunteer assistance with their vaccination record translation. So it's really cool that we have that. WithinReach has an e-course for fostering a COVID-19 vaccine confidence in Russian and Ukrainian-speaking communities. And ParentHelp123 Benefit Finder can be very helpful for finding, connecting with healthcare resources, insurance, and vaccination clinics. A reminder that clinics that participate in the Vaccines for Children Program here at DOH, they have the free vaccine for all persons through age 18 at no cost regardless of insurance or immigration status. And if you're trying to find VFC clinics, then you can use this vaccine finder map to find clinics in your location. There's the record translation with Spokane Regional Health District with links to resources as well. And then our Washington State Department of Health resources. First, the School and Child Care Immunization page that I've mentioned a few times; the Child Care Chart for Parents here in English, Ukrainian, and Russian for child care and for school; a link to the Certificate of Immunization Status in all three languages; and the Certificate of Exemption in all three languages. There's the Plain Talk About Childhood Immunizations for parents, the booklet which can be linked, just linked here in all three languages; COVID-19 vaccination information pages. And finally, if you have any additional questions or more suggestions for additional resources or different things, this is the best email to use. It's OI stands for Office of Immunizations here at DOH. So [Oischools@doh.wa.gov](mailto:Oischools@doh.wa.gov). And I think, Phil, I'm gonna hand it over to you. I can't hear you, Phil.

[Phillip] - I just noticed. Thank you, Katherine, for that presentation. So we have a variety of questions here I'm gonna go through. And any of our panelists, if you would like to answer them, feel free to jump in. Okay. So somebody commented that they recently received a vaccine card from Ukraine. And it took them forever to figure out that numbers in certain locations were Roman numerals. They wanted to

know if this is something that is seen on other immunization cards, or perhaps specific to the region they received the card from.

- [Katherine] Iryna.

- [Iryna] Yeah, thank you. It's not specific for any region of Ukraine or Russia. It can be seen on any kind of vaccine records, not that often. But providers over there can write in Roman numbers. So unfortunately, you will have to figure it out. Roman numbers, just remember that the order will be day, months, and a year. It will be the same order as in Europe just in Roman numbers. And normally, they would write in Roman only the month's number. The day's number will be in normal numbers, same as the year.

- [Phillip] Okay. So this is a question about refugee status. So if children are coming as refugees, are they protected from exclusion as they work to obtain their vaccines? The family I worked with did not have insurance yet so they didn't have healthcare providers and they were refugees. So do refugees get any kind of special exception like McKinney-Vento? Or are they treated like normal?

- [Katherine] So there is nothing in the immunization laws for school and child care attendance around immigration status. So they are treated the same as any other child. Again, they may qualify as homeless under McKinney-Vento in which you'd apply those rules. But if they don't, if they do have stable housing where they are not homeless, then we would apply the same rules as to any other child. Do remember though that they can get vaccines through the Vaccines for Children Program free of charge. The vaccine clinic may charge an administration fee, but they must waive that if asked by the parents. So a lack of insurance should not be the barrier for getting them in to get their vaccines. So just keep that in mind as well.

- [Phillip] Okay. Somebody asked, "Do we have any resources for affordable titer draw locations? I find parents state the cost of titers concerned."

- [Katherine] So again, no, there's no affordable titer resources that I'm aware of. And just a reminder that titers are not the recommended approach for determining vaccination status from CDC. They can be used in some situations. The list is in the CDC, the guidance that I did have linked on the earlier slide for handling people that were missing vaccination records. But they just have reemphasized that they are not recommending titers as the first approach.

- [Phillip] Okay. Probably another question for you, Katherine. So somebody is just kind of reiterating. So if they have permanent housing but they don't have any medical records, do we exclude them from School and Child Care?

- [Katherine] Well, you need to. They need to get started on their vaccines if they have no records. So they're gonna be in the catch-up schedule. And so they get started, and then they can attend in conditional status. So we don't wanna just exclude them because they don't have records. We wanna get them started. We want them in school. And we also want them vaccinated to protect the them and the community from the diseases.

- [Phillip] So this is a great question. Can we enter these vaccine doses into the IIS, such as those handwritten on the health history books?

- [Katherine] Yes. The health history books are considered a medical vaccination record that you can use even though they're handwritten, but they're handwritten by the providers. You would treat that the same way you'd treat the lifetime immunization card that children in Washington have here, too. It gets filled out every time they go in to get a vaccine. So, yes, that would be considered a medical vaccination record.

- [Phillip] Okay. I think you already covered this one, Katherine, but it was, like, what do we do for families that had to flee without records? So it sounds like you would basically have to restart the entire vaccination schedule.

- [Katherine] Yeah, yeah. That's the recommendation from CDC.

- [Phillip] Somebody asked, "Can Vax4School be used by school staff or just parents?" I don't know if that's a Vadim question.

- [Katherine] Yeah, that might be a Vadim question.

- [Vadim] This might be a question of like just a protocol. We probably wouldn't want people uploading other people's vaccine records. There's a disclaimer on the website that people who are uploading things have to answer and talk about. It's like a privacy policy kind of thing. So I think we'd recommend

having people upload their vaccination records themselves. That being said, if people need help with that, the site isn't in language so people are able to utilize those services. But if people need like logistical help, or don't have access to a computer, I don't think there's an issue with helping someone upload them.

- [Phillip] Another question about Vax4School. If parents use the Vax4School.org option for translating their vaccination records, do we just accept them transferred onto the CIS and assume it is correct?

- [Katherine] So if they're getting their records translated, they're gonna have the translation. Fill out the CIS, but then that you want the translation attached and you want a copy of the original record attached for those records.

- [Phillip] Okay. Somebody asked. They have an immunization record that looks like measles, mumps, and rubella are listed separately. Only the measles is filled in. Are these immunizations sometimes separated into different injections?

- [Katherine] The answer is yes. Here in the US and in Canada, I think in Mexico too now didn't used to be, but I'm pretty sure MMR is used exclusively. So we don't have separate measles vaccine or measles, rubella vaccine separate from MMR. But other countries do have individual vaccines for these or other combinations. So if the document doesn't have that date for all three, that's not considered measles, mumps, and rubella. And remember immunity is required for all three: measles, mumps, and rubella for school and child care.

- [Iryna] I would like to add to that. This is Iryna. Sometimes measles, mumps, and rubella would be written down separately, but it will be MMR. Just check the dates. It would have the same date for all three of them. For some reason, because in the book, they don't have one spot where it would be written MMR vaccine. They would spread it into three. So just check the dates and it might be just MMR. If the dates are the same, it's probably MMR. In Ukraine, MMR is more commonly used.

- Okay. Somebody asked, how can they tell the difference between IPV and OPV on the Ukrainian vaccine paperwork? And I think, Katherine, you had covered earlier that if it's not specifically listed, you treat it as OPV unless it's written out as IPV, is that correct?

- [Katherine] Yes, correct. Yeah, if it just says polio, then we're gonna assume OPV because we wanna make sure that child is protected against type 2 polio virus as well.

- Okay. I think this is already covered as well. In reference to the hand written vaccination health booklet, do we accept that as medically verified? I think the answer to that is yes if it's coming from a healthcare provider 'cause we had the question if you could enter those into the IIS, so, yes, you can. Is the guide available in Ukrainian and in Russian? I believe the answer to that, no.

- [Vadim] I just add to that. The guys meant for providers and school staff. So, yeah, .

- Somebody asked, they're hearing about vaccine shortages at clinics, doctors' offices, et cetera. Are you aware of any widespread shortages?

- [Katherine] You want me to take this, Phil?

- [Phillip] Go for it, yep.

- [Katherine] All right. No, there are no vaccine shortages. I have verified this with our vaccine management staff who have verified it with the vaccination manufacturers. There's plenty of vaccine to order. There are no shortages. I think what we've been experiencing is some providers have run out of vaccine and may need to order more. There have been a lot of vaccines being ordered. And it's taking about two weeks now for shipments to get to providers from when they ordered them, which is a little bit longer than usual just because they've been super busy with vaccination orders, but there's plenty of vaccine.

- [Phillip] Well, would people have to pay for titers out of pocket if they request to have them done? I believe the answer to that is yes, unless you have any other to add to that, Katherine.

- [Katherine] Yeah, if they have insurance, insurance will usually pay for titers. Yeah. And a lot of children coming in as refugees may qualify for Apple Health on stuff. So that's where ParentHelp123 can help get parents connected up to health insurance for their children.

- [Phillip] Somebody wanted to ask about a McKinney-Vento. They just wanted to clarify if a student is McKinney-Vento, are we not allowed to exclude them at all? And that's regardless of .

- [Katherine] You're not allowed to exclude them for missing immunization documentation. The McKinney-Vento Act specifically says that the homeless liaison that's in the district should be working with the family to get those records and/or get them connected to be vaccinated. That was also often in conjunction with the school nurse helping with that as well. So, yes, we don't wanna just ignore the vaccinations because they're McKinney-Vento, but we can't exclude them.

- [Phillip] Can we allow students to start as conditional when missing vaccines that are not available or on back order in our area?

- [Katherine] There is no provision in the law that allows for that.

- [Phillip] Yeah, I would say, if a specific provider is out of vaccine, I technically think it might be your responsibility to refer to a different provider who might have that vaccine. I mean, every county is different. I know some counties have much less healthcare providers than others, but I think there's still kind of a responsibility to find another provider who can provide that vaccine. What is the guidance for registration when awaiting translation of records? Do we hold until they're done, especially if we know they don't require varicella?

- [Katherine] Well, documentation is due on or before the first day of attendance, so that you need documentation. And again, conditional status, we're assuming not McKinney-Vento because of that exception. So documentation is due on or before the first day of attendance, and they must have the vaccine doses they're due for if they're missing doses before they could start in conditional status.

- [Phillip] Okay, so I'll read this. Somebody said, "In Snohomish County, we're having difficulty with accessing providers, our health provider. Our health department does not have a vaccine clinic. Our safety net program through Providence Medical Group ended due to providers at risk for losing their HRSA funding. Clinics are reluctant to give vaccine only appointments due to this. Therefore, appointments are weeks out and traumatized students cannot start. Can you recommend any other place?" I mean that's kind of a big question. I obviously think like transporting students to a different area would probably be prohibitive. I don't know if you have any other suggestions, Katherine, besides trying to call around and find somebody else.

- [Katherine] Right. I think finding some place, but also maybe reaching out to local health immunization program and see if they know of some clinics that are happening, some other information.

ParentHelp123 also has information about vaccination clinics and stuff, too. So those might be a couple of other resources.

- [Phillip] Somebody asked, "Is it true that pediatric vaccines are free and healthcare organizations cannot send them to collections if they do not pay the administration fee?"

- [Katherine] So, yes, that is true for clinics that are participating in getting their vaccine from the Vaccine For Children Program. If they're purchasing their own vaccines privately, then that's different. But Vaccine For Children, that is true that they get the vaccine free, and then they have to waive the administration fee if requested.

- [Phillip] Somebody asked, "Why are titers not okay to prove immunity? A lot of families from this region are hesitant to overvaccinate."

- [Katherine] Titers are allowable. They're not the CDC's recommended first course of action because you wanna make sure the titer is measuring things correctly. And sometimes the way that the amount of antibodies to provide immunity is sometimes not as clear in the titers. So I think that's why CDC has moving away from that as a recommendation. But it is still allowable for some diseases, like varicella, and tetanus, and hepatitis B. But then there's some that are not, so pertussis. There is no acceptable titer for pertussis. So it does depend on what the different things. And the CDC in that guidance about immunizing people or what to do with missing or questionable records, it has a table that lists the first approach, the recommended approach, and the second recommended approach.

- [Phillip] And I think some of the issue that I think you had highlighted earlier, Katherine, like for polio, you can't get a titer for that, that one specific strain of polio, right?

- [Katherine] Right.

- [Phillip] You can't get a titer for polio.

- [Katherine] Right. You can't, you can't. You can do type 1 and 3, but type 3 is probably gonna go away pretty soon, too. So yeah, that's just the way that is.

- [Phillip] Do we have the conditional letter in Russian or Ukrainian?

- [Katherine] We do not. Right now, we only have that translated into Spanish, but it might be something we want to consider adding.

- [Phillip] Yeah, I will write that down for a note. Questions keep rolling in. Let's see here. Somebody asked if there was any kind of deadline for folks who are McKinney-Vento as far as getting caught up with vaccinations, or if it's just kind a...

- [Katherine] No, there's no deadline.

- [Phillip] Yeah. So actually, our nurse supervisor made a comment here 'cause I know we're getting a variety of kind of very specific questions. So she said, "Please work with your local health jurisdiction or your local health department to help identify options if vaccines are not available. They are able to work with us at the Department of Health to identify if other options are available or if increasing supply is needed." So yeah, that's a good point. If you're having a big issue with providers in the area or lack of childhood vaccine providers, et cetera, probably your best course of action would be to follow up with your county or jurisdictional health department. Somebody asked, "How do you find who participates in the Vaccines For Children Program?" So if you download the presentation slides, we did have a link on Katherine's presentation that shows, I believe, the map or like the ability to search for VFC providers in the area. So I definitely recommend that you do that. Getting some repeat questions. If a student has OPV but no IPV, do we accept the student? So thanks. Katherine, you'd say no, like they need to get IPV is the requirement for it.

- [Katherine] Right. It depends on the date of the OPV. Remember that date of April 1st, 2016, that's the date of the big switch when OPV went from trivalent to bivalent. So if the dose is after that date, it does not count in the US schedule.

- [Iryna] I wanna add to that. And I want everybody to understand even after 2016, first two doses of polio is always IPV. So first two doses will always be IPV even if it is after 2016. Only the third, fourth, and fifth, they are OPV, and they are trivalent before April 2016 and bivalent after 2016. But first two doses are always IPV that we can't accept.

- [Katherine] Yeah, yes. Thank you for reinforcing that.

- [Phillip] This is a quick comment for the Snohomish County folks. So Skagit County saying that they've opened and will do VFC appointments for Snohomish County residents by appointment. Another person said that they've been sending families to their local family pharmacy for vaccines when a physician has run out of them and that seems to be working well for them. Is there a reason that pharmacies don't or can't participate in the VFC program? So in the past, I think pharmacies participating has been quite low, but I think that number has been increasing. So it really just depends. They just need to enroll. We have a webpage where they can enroll if they want. But I think that just kind of comes down to corporate policy and how they wanna handle that. But we do have some pharmacies that are in the VFC program. Okay. Let me link the slides again real quick in the chat. And then I think we are good to go. I appreciate everybody's engagement. And I did wanna highlight again just real quick, if you do have any other questions you wanna follow up with us on, on this page right here down on the bottom, email questions to [Oischools@doh.wa.gov](mailto:Oischools@doh.wa.gov). You can shoot us an email. We will have the recording hopefully posted within the next week or two, and we'll share that out through our delivery email list. And we'll get it posted on the web as well. We'll probably do a link on our School and Childcare Immunization page. People look out for that as well. Thank you, everybody, for participating today. And thanks to our wonderful presenters and helpers. We really appreciate it. And hopefully, this was helpful for all of you. So thank you very much and have a great day.