

SCHOOL IMMUNIZATION REQUIREMENTS WEBINAR TRANSCRIPT

Washington State Department of Health

March 30, 2023

Webinar webpage: <https://doh.wa.gov/you-and-your-family/immunization/immunization-training/school-and-child-care-immunization-requirements>

BEGINNING OF TRANSCRIPT

- Okay, the recording's going. Closed captioning is on as well. Oh yeah. And we're getting a lot of people joining, which is great. So we're gonna hang tight for everybody who's joining and we'll get started here in, I don't know, 15, 30 seconds. Okay, I think we're going to get started. So welcome, everybody, to the School and Childcare Immunization Requirements webinar. It is March 30th, 2023. I am Phil Wiltzius, School and Childcare Immunization Health Educator for the Washington State Department of Health, and I will be your facilitator today.

So before we get started, I'd like to cover a couple of housekeeping issues. We are recording this webinar for posting to YouTube within the next couple of weeks, hopefully sooner. I've turned on closed captioning as well. And with the size of the audience, participants are muted throughout the presentation. If you have any questions, please put them in the Q&A box and we'll answer questions at the end of the webinar. And I just ask that if you do have questions, that you keep them on topic to the webinar. We also have a specific webinar webpage where we have the presentation slides and the continuing education information, and the recording will be linked there as well. If you all received your Zoom reminder email, the link to the website is in that email. And I believe Trang is going to post it in chat as well. And we are offering continuing education credit for nurses watching this webinar or the recording.

So our continuing education for nurses is approved by the Montana Nurses Association, accredited through the American Nurses Credentialing Center's Commission on Accreditation. That's a mouthful. We're offering one credit hour for this webinar. Following the ethical guidelines set by the Montana Nurses Association, none of the presenters or planners of this webinar have financial relationships with any commercial interests around this activity. Okay, so now I'm happy to share our presenter for today will be Katherine Graff, our School and Childcare Immunization Nurse Consultant at the Department of Health. She does a lot of great work, and I'm sure some of you have had the privilege of communicating with her. I'm gonna turn it over to you, Katherine, and we will get started.

- Wonderful. Thank you so much, Phil. I'm gonna turn my camera off for the presentation just so I can focus on it a little bit better. Today's learning objectives are going to be to understand the changes for the '23-24 school requirements, describe the use of the Certificate of Immunization and Certificate of Exemption forms, and know where to locate resources. Next slide. Today's topics are gonna cover the '23-24 requirements, including updated guidance for four-year-old students, the Tdap roll-up, changes to polio, and special situations. Then I'll share information about the DTP family rules and catch-up schedules, information about the Certificate of Immunization Status and Certificate of Exemption forms, an update on the School Module rollout, and resources. And we will have time at the end for questions.

So let's start with the immunization laws and rules. The Washington State Legislature passes legislation which is signed into law by the Governor. The requirement for full immunization for children attending school and childcare is in the Revised Code of Washington Law, 28A.210. The immunization law, next, gives the Washington State Board of Health the authority to determine the immunization rules, which include which diseases children must have documentation of full immunity against and what kind of

documentation is needed. These rules are in the Washington Administrative Code 246-105. Next. The Department of Health has webpages with links to the RCW and all of the applicable WACs. You can access them from the main school and childcare webpage at www.doh.wa.gov/scci. Next slide. So let's talk now about the requirements themselves. The Advisory Committee on Immunization Practices, also known as ACIP, includes medical and public health experts who develop recommendations on the use of vaccines in the United States. It provides guidance to the Centers for Disease Control and Prevention regarding the use of vaccines for effective control of vaccine-preventable diseases. Recommendations made by the ACIP are reviewed by the CDC director, and if adopted are published as an official CDC recommendation. And this is what the schedule looks like. The Washington immunization requirements follow the national recommended schedule, including the age when vaccines should be administered and the time intervals between doses.

For children and adolescents attending preschool through 12th grade, the requirements are applied to specific grades. The child and adolescent national schedule recommended by the ACIP includes vaccines to protect against diseases listed on the left. The Washington State Board of Health then determines which of these children in school and childcare must have full immunity against. Those are listed on the right. The Washington State Department of Health is responsible for creating the vaccine requirement charts for the vaccines that are needed to document full immunity according to the national recommended schedule. This is the vaccine requirements chart for children in childcare. The requirements change based on the age of the child. There are no changes to the childcare chart since December of 2021. If a child is in childcare is also attending school, then they need to meet the requirements on the school chart for the grade they're attending. Here's the school chart for the '23-24 school year. Again, it's based on the grade the student is attending.

Now let's go over the '23-24 school requirement chart and changes for this from this school year. A new footnote was added to the preschool transitional kindergarten row concerning students who are four years old on September 1st. The new footnote reads, "Must have additional DTaP, IPV, MMR, and Varicella vaccine by the first day of school or within 30 days after the fourth birthday, whichever is later." This allows students 30 days from their fourth birthday to get the additional vaccine doses and turn in documentation to the school. This is consistent with the conditional status rules, which require documentation of the needed vaccine and a catch-up schedule to be turned in within 30 days of when the vaccine comes due. It is also equitable, giving all students the same 30-day window if they have a birthday close to the start of school. For example, if a student turns four on August 15th, then they will have until September 14th to get the extra doses and turn in documentation. If they have a September 1st birthday, they would have until September 30th. If their birthday is more than 30 days before the first day of school, they must turn in documentation of the doses before starting school since it has been more than 30 days since they turned four. I would like to emphasize that this should not be interpreted to mean that all students have a 30-day grace period from the start of school.

Additional guidance is in the Immunization Manual for Schools, Preschools, and Childcare Facilities for students who are less than four years of age on September 1st. It says that students who turn four after September 1st do not need to provide the documentation of the additional doses until the next school year. Please be aware that some student information systems may show these vaccines as required when the student turns four. Schools using the IIS School Module should use the compliance series preschool aged 19 months to three years when evaluating these students' immunizations. Now let's look at the Tdap requirement for students in seventh through 12th grade. The requirement for a Tdap at age 10 or older has rolled up to include 10th grade. In the '23-24 school year, students in seventh through 10th grade must have one dose of Tdap at age 10 or older. Students in 11th and 12th grades have been

grandfathered, and are allowed to have a Tdap at age seven or older as allowed in the previous CDC ACIP recommended schedule. In addition to the charts, I want to draw your attention to the individual vaccine requirement summary, or IVRS, which can be found in the School and Childcare Immunization website. It's an excellent resource that details the minimum ages and intervals for the different vaccines, as well as the exceptions to the rules and catch-up schedules. We revise it every school year. I highly recommend that you bookmark this document and refer to it if you have questions about the immunization schedule that must be followed for children to be in compliance with the Washington immunization requirements.

Another change for the '23-24 school year in the IVRS is the IVRS polio section has been updated to say that documentation of immunity to polio is required, even if the student is 18 years or older. This is a change from previous years. Now a reminder about students in special situations. Students who meet the definition of homeless under the federal McKinney-Vento Act, or children who are in foster care, must be immediately enrolled and allowed to attend school even if missing immunization documentation. Students missing documentation are considered out of compliance but cannot be excluded. The district's homeless liaison should work with the family to obtain missing records or assist the student with getting the needed vaccinations.

Please be aware that students who have a refugee or an asylum status may or may not meet the definition of homeless. Review these students on a case by case basis. You can find the definitions of homeless on the McKinney-Vento website linked here and in the Immunization Manual on the School and Childcare Immunization page. Okay, let's do a knowledge check. Here's the question. A child entering preschool or transitional kindergarten who turned four years old on August 15th must turn in documentation of the four DTaP and IPV doses and dose two of MMR and Varicella by the first day of school, by September 14th, or by September 30th? And the answer is September 14th, which is 30 days after the fourth birthday. Remember, they must turn in documentation of the additional DTaP, IPV, MMR, and Varicella vaccine by the first day of school or within 30 days after the fourth birthday, whichever is later.

Now I wanna go over the diphtheria, tetanus, and pertussis vaccination rules and catch-up schedules. This is probably the most difficult of the vaccination schedules, and one I get a lot of questions about. Here are some of the main rules that apply to the DTP family. DTaP vaccine is licensed for and given to children through six years of age. Once a child turns seven, DTaP is no longer used, we used Tdap instead. If they're in a catch-up schedule at age seven or older, they get a Tdap followed by additional doses of either Tdap or TD as needed. Though administering a DTaP to a child age seven and older is considered a vaccination error, the DTaP may count as valid for a Tdap. DTaP contains more vaccine antigen than Tdap.

Note the capital letters mean a higher dose of vaccine antigen. And finally, there is a more obscure rule that we don't see very often that says because of the increased risk of larger localized reactions, no more than six doses of tetanus or diphtheria vaccine should be administered before age seven. If a child has six or more DTaP, DT, Tdap, or TD vaccines before age seven, and they need additional doses to complete the series because some of the doses are invalid due to not meeting the minimum age or interval, the IIS will forecast them for a Tdap at age seven. They can attend school in conditional status until the dose comes due at age seven. This is the CDC ACIP recommended schedule for DTaP. Dose one, the first dose in the primary series, at two months of age, dose two at four months of age. It has a minimum interval between dose one and two of four weeks. Dose three at six months of age also has a minimum interval of four weeks from dose two. The next dose is the first booster dose, given at 15 to 18 months. The minimum age for this dose is 12 months. It has a minimum interval from dose three of six

months. Though there is an exception to this rule, saying the dose can be considered valid if it was at least four months after dose three on retrospective record review. The final dose in the series is dose five, the second booster dose, recommended at age four to six before school entry, including preschool. It has a minimum age of four years and a firm minimum interval from the previous dose of six months.

The four-day grace period can be applied to all doses in the series. Now the DTP family catch-up rules. If a child gets behind on the early childhood DTaP doses, fewer doses may be needed to complete the series. When determining the number of doses a child needs in a catch-up schedule, it's important to consider two things: the child's current age and the age at which they received previous doses, if any. If a child is 19 months to three years old, they need the full four doses in the routine schedule that are given before age four. They will get the fifth and final dose after they turn four. If the child is four to six years old, they can complete the series with a total of four doses.

There must be at least four weeks between doses one, two, and three, and the fourth and final dose must be on or after age four and at least six months after the previous dose. When a child is seven or older, we move to the catch-up schedule with Tdap. One of the doses must be a Tdap, preferably the first one if more than one dose is needed. Just like with DTaP, the final dose must be given at least six months after the previous dose. The total number of doses a child this age needs depends on their age when they got the first dose. If it was before 12 months, then they need four doses. If it was after they turned one year old, then only three doses in total are needed. That's a lot to remember, or you can reference the IVRS. It has all of these rules on pages six and seven. Now another question. True or false: DTaP should only be administered to children through age six? And the answer is, DTaP is only licensed and should only be administered to children through age six. If more doses are needed at age seven or older, we change to Tdap.

Now let's switch gears and talk about the Certificate of Immunization Status form, the CIS. Before a child may attend school or childcare, a parent must provide proof of the required immunizations or immunity using a department-approved Certificate of Immunization Status form. The CIS form is created by the Department of Health. It should not be recreated in an electronic health record. There are three acceptable versions of the CIS: the validated CIS printed from the Immunization Information System or IIS, the CIS printed from MyIR, which is a place where parents can sign up to see their children's immunizations documented in the IIS, and a hard copy CIS with handwritten immunization dates. If the hard copy CIS is used, it must be verified for accuracy by a healthcare provider, or must have medical vaccination records attached so a school or childcare staff can verify the accuracy of the vaccination dates. This is the validated CIS. The validation says complete, conditional, or not complete for the series selected. The CIS shows the date it was printed and validated by the IIS. No provider or parent validation signature is needed.

There are two places where a parent or guardian can sign the CIS. On the left is a place for a parent or guardian to give permission to add immunization information to the IIS. This signature is needed if the school or childcare is using the IIS School Module and the immunization information in the IIS is incomplete. This signature is optional. On the right is a place for a parent or guardian to acknowledge that their child will be attending school or childcare with a temporary conditional status. This signature is required if the child will be attending in conditional status. Children who have not completed the vaccinations required for school or childcare can attend as long as certain conditions and timelines are met. For a child catching up on their vaccinations to attend school or childcare, they must have all of the vaccine doses they are eligible to receive and not currently be due for any of the additional required doses. While waiting for the next dose to come due, they can attend school or childcare in that temporary conditional status. Once the dose comes due, they must turn in documentation of the dose

within 30 days. More detailed information, including a catch-up schedule, an overview video, FAQs, and sample parent letter are available on the School and Childcare Immunization page. Now back to the validated CIS. If a provider has entered laboratory evidence of immunity by blood antibody titer into the IIS, the CIS will print the word immune in the positive titer column. This is considered provider verification of immunity. No other documentation is required. If history of chicken pox disease has been entered into the IIS, the box on the Varicella line will be checked. This is considered provider verification of history of disease. No other documentation is required.

The validated CIS has a page two action report. There are three boxes on the report: required vaccines, recommended vaccines, and invalid vaccines. If the child is missing required vaccinations for the greater age in the compliance series selected, they will be listed in the red chart with the date in the Dose Due on or After column. If the due date is in the past, then the child must have all of the doses due now to attend school or childcare. If the date is a future date, the child will be in conditional status for that immunization requirement. The child must get the vaccine within 30 days after the due date is reached. Vaccinations that are recommended but not required for school or childcare will be listed in the black chart with a date in the Dose Due on or After column. These doses are recommended in the national CDC schedule but are not required to attend school or childcare. Now, invalid doses with the reason they are invalid will be in the orange chart. Doses may be invalid for several reasons. For example, if a dose was given at the wrong age or too soon after a previous dose. When a dose is invalid, it does not print on the validated CIS and is not used in calculating vaccine series completion. The action report lists the invalid doses to let the user know why these doses are missing on the CIS.

If additional doses are needed to complete the series, the action report will list the vaccines in the Required or Recommended boxes with a date in the Dose Due on or After column. If the vaccine is not listed in the required or recommended boxes, then another dose of the vaccine is not needed. Now let's talk about the hard copy CIS. Parents may fill out a hard copy CIS with their child's vaccination dates. It can be used for any child, but children coming from out of state have this version of the CIS most often, since their vaccination records are not in the IIS. This is the hard copy CIS. Because the hard copy CIS does not use records from the IIS, it must be medically verified for accuracy. This is done with a signature certifying that the information is accurate at the bottom of the page. The verification signature can be by a healthcare provider who is licensed, certified, or registered in a profession listed in the RCW on the slide if administering vaccinations is within the profession's scope of practice. If it's signed by a healthcare provider, no medical immunization records need to be attached to the CIS. Or a school nurse administrator, childcare health consultant, or their designee can sign it, but before signing, they must determine that the information on the CIS is accurate after comparing it with attached medical vaccination records. If not signed by a healthcare provider, the CIS must have medical vaccination records attached.

So what is considered to be a medical vaccination record? Examples of medical vaccination records include provider records, a lifetime immunization record completed by a provider, and a record from another state's immunization registry. You can look up other states' registry information with the link shown here, and there's more examples in the document, Acceptable Versions of the Certificate of Immunization Status. Healthcare providers can use the gray section on the right to verify history of Varicella disease. This is considered provider verification of history of disease. No other documentation is required. Healthcare providers can also use this section to document laboratory evidence of immunity by blood antibody titer. This is considered provider verification of immunity. No other documentation is required. Note that immunity by antibody titer is not acceptable for pneumococcal disease or pertussis. And polio can only be documented as immune by antibody titer if they are immune to all three polio

viruses. Testing for immunity to poliovirus type 2 has not been available since 2016, when type 2 was removed from the oral polio vaccine, OPV, still used in other countries. OPV doses administered on or after April 1st, 2016 do not contain vaccine against poliovirus type 2, so they cannot be used in series completion in the US and the school and childcare immunization requirements. The hard copy CIS has the same two places for a parent's signature as the valid CIS. It is not acceptable to turn in a blank CIS with medical vaccination records attached.

The vaccination dates from the medical vaccination record must be written on the CIS. After comparing the information on the CIS with the attached vaccination records, school or childcare staff can verify the CIS by signature. In other words, it's verified. The back of the hard copy CIS includes instructions on how to complete the form, examples of medical immunization records, and information about conditional status. Now let's talk about exemptions to the immunization requirements and the Certificate of Exemption form, also known as the COE. A child can be exempted from one or more of the immunization requirements. To do this, a properly completed and signed COE must be turned into the school or childcare.

The COE form is created by the Department of Health. Exemption forms or letters from other states are not acceptable. This is a screenshot of the two sides of the COE form. Personal, philosophical, and religious exemptions are on one side, and medical exemptions are on the other. There are four types of exemptions allowed for the immunization requirements. Personal or philosophical exemptions. This is not allowed for the MMR immunization requirements. There are religious exemptions, religious membership exemptions, and medical exemptions. Philosophical, personal, and religious exemptions must have the signature of a healthcare practitioner, which is defined as a physician, naturopath, physician's assistant, or advanced registered nurse practitioner licensed in Washington State. The signature affirms that they have provided the signature with information about the benefits and risks of immunization to the child. A healthcare practitioner who in good faith signs the statement about the education is immune from civil liability for providing the signature. Clinicians and school staff have no role in assessing the validity of a parent or guardian's personal or religious beliefs. A personal or philosophic exemption is used when the parent or guardian has a personal or philosophical objection to the immunization of the child.

As I said before, this exemption cannot be used for the measles, mumps, and rubella immunization requirements. A religious exemption is used when the parent or guardian has a religious belief that is contrary to the required immunization, and it is important to note that there is no requirement for a parent to validate or prove their personal or religious beliefs. This is the section to be completed for a personal, philosophical, or religious exemption. This section should be used for parent-requested exemptions or alternate schedules. It needs both a parent or guardian and a healthcare practitioner signature. Another kind of religious exemption is the religious membership exemption. It is 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. Because it would be against their religious beliefs to go to the healthcare practitioner to get information about the benefits and risks of immunization, no healthcare practitioner's signature is required for this kind of exemption. If the parent or guardian has a religious objection to vaccination, but the child does receive other care from a healthcare practitioner, then they need to use the personal, philosophical, religious exemption section of the COE, which requires a healthcare practitioner's signature. This is the section of the COE where the parent affirms that they belong to a church or religion that does not allow medical treatment by a healthcare practitioner. The school does not need to verify the religious beliefs. It needs a parent or guardian signature, but does not need a healthcare practitioner's signature. The last type of exemption

is a medical exemption. They're granted when there is a medical reason that the child cannot be vaccinated. This is based on the judgment of the healthcare practitioner. Guidance about the contraindications to vaccinations can be found in the recommendations of the ACIP, on the CDC website, and the vaccine packages insert.

Medical exemptions can be permanent or temporary depending on the student's medical condition. Both require healthcare practitioner and parent or guardian signature. Staff at a school, preschool, or childcare should make sure to note the date that a temporary exemption expires. When the temporary exemption ends, the child has 30 days to get the missing immunizations or another exemption. This is the section to be completed for a medical exemption. This section should not be used for parent-requested exemptions or alternate schedules. If the exemption is temporary, it must have an expiration date. Some considerations of the COE include a completed COE can be used for the whole of the student's K-12 school attendance. Only temporary exemptions expire. The most recent version of the form should be used for all new exemptions. Students with existing exemptions do not need to resubmit a new COE when a revised form is released. If a COE is incomplete or improperly filled out, it should be returned to the parent or healthcare practitioner to complete correctly. And if an exemption is no longer needed because the student has received the needed immunizations, remove the exemptions from your tracking system.

Additional exemption information, including a fact sheet and FAQs, is in the Exemption section of the School and Childcare Immunization webpage. Now, another question, which statement is true? The religious membership exemption can be used for children who go to a doctor for medical treatment. B, exemption forms from other states are okay to use. C, new exemption forms must be turned in annually. Or D, the Washington Certificate of Exemption form must be completed for all exemptions. And the answer is D, the Washington Certificate of Exemption form must be completed for all exemptions. Exemption forms from other states are not acceptable.

Now I just wanna give you an update on the IIS School Module rollout. This graphic, if you haven't already seen it, helps to explain the relationship of the IIS and the School Module. Schools with view-only access can view immunization records and print a CIS. The School Module provides view-add access, like providers have. In addition to viewing records and printing a CIS, School Module, users can add records and run school-specific reports and letters. As of March, we have 193 public school districts, 84 private schools, eight charter schools, and 14 childcares or Head Start/ECEAPs using the School Module. In all, we serve around 787,000 students in the School Module, which is about 72% of OSPI's total K-12 enrollment for the '22-23 school year. This map shows the school districts currently using the School Module, so we're getting closer to 100%, but we've still got a little ways to go. There are a lot of benefits to using the School Module. It eliminates the need to reenter vaccination dates in a student information system if they're already in the IIS. It eliminates the need to submit the required annual immunization report, and it's free and easy to use with the resources available for support. There are also benefits for students and parents, including being a lifetime immunization record. Also, if permitted by the school, parents do not have to give a CIS to their child's school if the school verifies that the student's immunization status is complete in the IIS. If interested, these are the steps on how to get access. The School Module website has all of the steps and forms to get signed up. The School Module team, Amy and Anna, are happy to answer your questions at schoolmodule@doh.wa.gov. I wanna leave you with some resources. For more information about the immunization requirements, including forms and resources, please go to www.doh.wa.gov/scci, which stands for School Childcare Immunizations. Questions can be directed to oischools@doh.wa.gov. I'm excited to chair our new immunization page for families. This page is designed to help parents understand the rules around the school and childcare

immunization. The page has all the forms needed to meet the immunization requirements. It is also translated into Spanish. I also wanna let you know about a new brief on-demand video series.

There's a video giving an overview of the requirements in Washington, There's one on the CIS and one for the COE, and another for conditional status attendance. They're available in the corresponding section of the School and Childcare page. For example, the CIS video is linked in the CIS section of the page. They're also available on the Immunization Training webpage. The HPV and meningococcal sample letters have recently been updated to reflect the new guidance to start HPV vaccination at age nine, which is recommended by the American Cancer Society, the American Academy of Pediatrics, the Washington State Vaccine Advisory Committee, and the Washington State Department of Health. One more time, I'm gonna give you a pitch for the IVRS. It really is a good go-to document regarding the different required vaccine series. And finally, the Department of Health shares information where changes are made to the requirements or additional resources are available via a listserv. To sign up, go to the link on the slide and follow the instructions. Now, Phil, I'm gonna hand it back to you.

- Thanks, Katherine. So I'm just gonna go over how to get your continuing education credit if you're a nurse. So basically all you need to do is watch this webinar or watch the recording and complete the evaluation after the webinar. It should be set up so that after the webinar ends, you'll have a browser page pop up with the evaluation. If you don't get it there, we'll have it on the webinar webpage and it should also be in your Zoom follow up email tomorrow. And we process all of those ourselves, so it takes a little bit of time. So after you complete an evaluation, expect a couple of weeks before we email you back with your certificate. And if you have any questions about that, you can contact Trang Kuss at trang.kuss@doh.wa.gov. Okay, we have a lot of great questions, Katherine.

- Awesome.

- So yeah, so we're gonna start with the questions and the answers. If you have anything that popped up in your head that you haven't asked us yet, feel free to type it in the chat and we're just gonna go through and answer the best we can. Okay, so somebody asked, they said they accept MyIR and IIS forms and they say sometimes the MyIR forms don't match the IIS. Is there a reason for that?

- There is a reason for that. The MyIR forms that are on myir.net, the logic in that is old from before we updated the CIS forms years ago, and it isn't smart enough to recognize invalid doses. So sometimes a dose might be invalid because it was given early or the minimum interval wasn't met, and so those doses will print on the MyIR CIS but will not print on the validated CIS. If the dates are different, defer to the validated CIS.

- Okay. I'm not sure if this refers to the School Module, Katherine, but somebody asked if the Tdap bug has been fixed or if there's a timeline for it being fixed.

- It is not completely fixed. It's better than it was, it's more fixed than it was, but there's still some issues. As I went over the DTP family for you today, you can see how complicated that logic is. It is one of our top priority for the Office of Immunizations to get fixed, so we are hoping that that will get fixed soon. Our software company has been working on it.

- Okay, another Tdap question here. "When talking about giving the Tdap after age seven, if a patient is just starting the vaccine series, would all the doses be Tdap? And would we follow the same schedule?"

- So one of the doses has to be a Tdap. If they're starting at age seven, they have to have at least one Tdap. And then if they need additional doses, they would get either another Tdap or a TD depending on how many doses they need. Again, if you think back to when I was talking about the catch-up schedule,

if a child is seven, you look at the age they were when they got their first dose of DTaP. If that dose was given when they were younger than 12 months of age, then they're gonna have to have four doses total. If it was given after they turned one, then they can complete the series with three doses.

- Okay, another question, I think about the School Module. "Is the CIS now updated for the 2023-2024 school year requirements?" Because they'd like to start running reports.

- So that's a great question. I've been thinking in my mind it's gonna be April here soon and so I need to add some new compliance series for the '23-24 school year, where the requirements are different, which is specifically around the Tdap. So I will do that soon.

- Okay. "When a student is over age 19 and they don't have Hep B," let's see, it says, "on this year, IIS is incorrectly not saying that Hep B vaccine is needed when I've looked at it. Is this being worked on?"

- Yes, it is actively being worked on. We did have a suppression in the IIS for dose one of hep B vaccine. It would suppress that when a person turned 19 because that was the current ACIP recommendation. However, that recommendation has changed and so we are in the process of working with our software company to remove that suppression so that it will show that doses of hep B are needed.

- Okay, another great question. Somebody asked, "Are passport immunization records valid?"

- I don't know of any immunization records on a passport. I'm not sure what that is specifically referring to. But it might be immigration records. Certainly if there's documented doses on an immigration record, we would accept those as valid doses. If it's like a vaccine passport of some kind, I guess I haven't seen those except maybe as part of the COVID vaccinations. Those, if they're coming from a valid source like another state's IIS, then yes, I would consider those to be valid.

- And they should still fill out the CIS with those, correct?

- Correct.

- Okay, this is a out of country question. "For students coming from countries where a Varicella vaccine is not routinely given and many kids have had chickenpox as kids," this a person says Brazil, for instance, "the kids only have a parent report of having had chickenpox. They may have not been to a doctor for it and have no medical record that comes to the school. Do we know if it would be more or less expensive for a student to have a titer drawn or to go ahead and get the two Varicella doses?" And then it just says, "Is there any evidence that Varicella vaccine administration after disease is safe? Or would you recommend that they see a healthcare provider here who would verified that they had disease based on the parent report of chickenpox? Any tips appreciated."

- So the first question, is it less expensive for a student to have a titer drawn or go ahead and get the two vaccine doses probably depends on the insurance that the student has and how that plays out. Titers can be pretty expensive to draw, so again, I would defer to that situation. As far as the safety of giving a Varicella vaccine after the child has had a Varicella infection, it would be kind of like if the child was exposed to Varicella naturally again, so they encountered another child who had active chickenpox disease. Their body is gonna recognize that virus and is gonna produce the antibodies that they already have on board. CDC's recommendation when we don't know the vaccination history of a child is usually to revaccinate first with titers as a secondary option in some situations. So revaccinating is probably a really good choice. There are some providers, though, that will talk to a family and determine based on the family history and how they're describing the disease that it was Varicella. That used to be more common before Varicella was less common here in the US. Since we've had higher vaccination rates

we're seeing less disease, and so the providers now I'm seeing are more than likely now usually deferring to titers or revaccinate.

- Okay, I have a question that actually maybe goes into some of the work we're doing, Katherine. Are there resources or educational materials for families to distinguish the religious membership and religious exemption? I feel like a simple chart would be helpful to guide families and staff.

- Yeah, so we have a quick reference guide for the exemptions, which describes all four of the different exemption types in more detail. And Phil and I coincidentally just this week are working on a little bit more instructions to add to that quick reference guide to make it a little bit clearer as to what to fill out, where on the exemption form.

- Somebody asked if teachers can have School Module read-only access.

- If they can have School Module read-only access. Only if there's a reason for them to. The IIS is a medical record database, and as such it is held under confidentiality laws. So there would have to be a compelling reason for a teacher to need to have access to the vaccination records. Usually those records are accessed by the school nurses, right? Sometimes the registrars or secretaries so they can print the CIS for the parent when they're enrolling. So again, there has to be a need to know kind of rule.

- Okay. I think we lightly touched on this earlier, but if a parent submits their child's vaccine information printed from their doctor's office but not on a CIS, then they're just confirming that that information needs to be transferred onto a CIS and turned in.

- Right, that's what you do. You take that record from the doctor's office, fill out the CIS, and attach it to the CIS, turn it into the school. Or you can go to MyIR and try and print a CIS all filled out already yourself.

- Let's see, a School Module question. "Does the School Module stop counting an exemption if the student receives the needed vaccine and is now in compliance? Or do we need to actively remove it?"

- Yes, the School Module looks for series completion, so it looks for that. And if there's no series completion looks for an exemption. If you discover an exemption is no longer needed because the child has actually completed the series now, please do remove it from your record keeping. But like for the annual report data, et cetera, we would count that student as complete.

- Someone asked in regards to the COE that we indicated that K-12 does not need to provide a new COE every year. They asked what about preschool and if they come from a different center, do they need to provide a new COE?

- So I'm gonna say no, that they don't need to provide one from a preschool or another center. If they've got a signed COE that's all completed correctly, then they can take that with them to the new school or preschool.

- A comment about the School Module that maybe you can talk a little bit more about, Katherine, but somebody was saying that they'd love to use the School Module, but from what they have read, you need to have a nurse on board to do so. Is there another option?

- The reason that we have to have some kind of a licensed health professional is because it's a medical database and it's covered under the Washington medical laws around confidentiality for medical records. And so that's why we have that. We have to have some kind of person who's licensed. It doesn't have to be a nurse, it can also be a doctor or somebody else who has a medical license. But it is a barrier

for people that don't have access to that. You might note that we did show that we had 84 private schools that are using the School Module, and some of them were doing so with a parent volunteer who is a nurse or a doctor or something that is willing to sign the form so that they can get access that way. We know it's a barrier and we want to work on this. We've been trying to brainstorm ideas, so hopefully, we'll get a good way to make this happen for people in the future.

- Let's see. Somebody said that they used the School Module to confirm completion, but when running a report, all students are labeled incomplete. "Who can help me get an accurate report?" Should I refer them to the email, Katherine?

- Yeah, well, I would say first of all, if all students are being labeled as incomplete, then I'm thinking it's the series that you're using. One of the series that's on the list of series you can choose from is the ACIP recommended schedule. Remember, that includes a bunch of vaccines that are not required for school attendance. So when you're running an action report in the School Module, always use the compliance series that matches the age of the student for childcare or their grade if they're in school. So you wanna make sure that you're narrowing it down to just the grades and that series is there. If you're still having issues, please do email the School Module at schoolmodule@doh.wa.gov, and we'll help take a look and see what's going on for you.

- My gosh, I'm just getting so many questions. It's like... Let's see. "If we have children that have been in our childcare before the CIS had the signature portion on the bottom, does a new CIS need to be filled out?"

- Actually, children that are in childcare are supposed to have a new CIS annually. So if they're in childcare, you're gonna need a new CIS every year. That changed in 2020, I believe.

- I like this, this is a spicy question. "If a student's documentation is not turned in on time, should our school not allow them to attend until they've met the requirements?"

- The law is pretty clear on this one. It says before a student can attend school or childcare, they must have documentation of full immunity, or be in a conditional status attendance, meet those rules, or have a Certificate of Exemption in place. So the law is pretty clear that they should not start until they've turned in the appropriate documentation.

- Let's see, somebody said they have, "multiple occasions where parents told me their doctor would not sign exemptions." And they said, "Is this legal?"

- There's no requirement in the exemption law that requires providers to sign exemption forms. It provides that they are immune from liability for providing information about the benefits and risks, but it doesn't say they have to sign the form. So some providers have refused to sign the forms. We try to remind them that this is a school entry requirement for students if the parent is seeking an exemption, and that they are not agreeing with the parent wanting an exemption. Their role is explaining the risk and benefits to the parent. It doesn't mean they agree with the parent. So that sometimes will help providers feel better about signing the form.

- Somebody asked why registered nurses can't sign the CIS.

- Registered nurses can completely sign the CIS saying that it's accurate. Immunizations are within their scope of practice.

- Let's see. "If we have four-year-olds in our childcare, do we have to follow the new school requirements for them? Or still only follow the childcare requirement form?"
- That is a great question, and it has to do with the way that childcare and school is defined in the law. Childcares follow the childcare chart. Once a child enters school, they follow the grade that they're in school for. So if you've got children in childcare who are four years old and are not attending school, they follow the childcare chart, not the school chart.
- I just wanna be respectful of your time, Katherine. Do you have a couple more minutes to answer more questions? 'Cause we do have a lot.
- Sure, I do, and I see we have still more than 300 people online with us. So yeah, let's go ahead and answer a few more.
- Okay. "Is there a sample letter to send to current sixth graders regarding the need for Tdap?"
- There is. There is a Tdap letter. Matter of fact it was just refreshed and posted last week that you can send to your sixth grade students who haven't gotten their Tdap yet, reminding them they're gonna need it next year. It's on the School and Childcare website under the K-12 resources.
- Someone asked if these immunization requirements apply to family home daycares.
- They're not legally required to follow the immunization requirements. The requirements refer specifically to childcare centers. But again, I would defer to DCYF about your adult family home requirements.
- All right, let's see. Somebody said they've had a few doctors of four-year-olds write a note not wanting to give the new four year boosters until the child is five and going into kindergarten. Do they need a COE and not just a doctor's note? So can they do like a temporary medical exemption for that?
- It wouldn't be a temporary medical exemption because it isn't a medical reason that the child cannot get the vaccine. The medical exemption is the child has a medical condition, they can't be vaccinated. And a doctor's note does not override the requirements, so you can't just use a doctor's note. So in that case, if the parent agreed with that and wanted to wait till five, then they would need to have a personal or religious exemption. So yes, they would need a COE, but a medical one wouldn't be the appropriate one.
- Somebody wanted to confirm that Tdap is now required for children 10 years and up, and they said it used to be 11.
- It's not required. Okay, so this is where the nuance of the ACIP recommended schedule comes in. So the recommended age for the Tdap booster is age 11 or 12, which is why we moved it to seventh, one of the reasons we moved it to seventh grade, because all children should be 11 at least by seventh grade. Most of them are 12. And they say that if they got a dose of Tdap, say they were in a catch-up schedule, so they got a dose of Tdap at age seven to nine years of age, they still need that booster at age 11 or 12. However, if they got a Tdap at age 10, it does not need to be repeated. So the recommendation is still age 11, but acceptable is a Tdap at age 10.
- Some, yeah, very fine nuance.
- Yes.

- Let's see. "Who needs to sign up for School Module access? Would it be administrators or office staff? And where do you go to sign up?"

- Also a great question, too. So the School Module website is the place to go. It has all the information you need and also has the email address for the School Module team, Amy and Anna. To get started with School Module, we need to have an information sharing agreement between the school and us at Department of Health. So who signs that? It needs to be someone with a medical license for the medical access to the medical database, and the chief administrator of the school or the superintendent of the school district, et cetera. That's gets sent in and starts the wheels rolling, and then we'll help you get all settled into the School Module.

- Somebody noted that they have a few kids where their CISs were not updated even though they have had those immunizations. So I think some of that is not all healthcare providers use the IIS. So if that provider office is not linked up, then it would not be updated on the IIS.

- That is one one part of that, yes. So providers are not mandated to add their vaccinations to the IIS though it is highly encouraged, and some 90+ percent of providers who administer vaccines do report those doses to the IIS. So it's a very robust system. There also sometimes can be delays. So depending on how their data gets to the IIS, some do it like on a weekly cadence. Bigger organizations do it in real time, so it might show up within 20 minutes. So there can be a variability on how long it takes the information to get into the IIS also.

- Let's see, somebody was asking about lifetime immunization records and if they're valid if they have a provider stamp or if they don't have a provider stamp.

- So the provider, those lifetime immunization records are primarily filled out by the provider when they do that. So sometimes, you know, they'll put down the name of the clinic. Some of 'em have a stamp that they use. There's different ways that they identify where the vaccine was given. The things I look for there, too, are like, is it different ink, you know, different visits are recorded differently, et cetera. So I might be a little wary if I saw a lifetime immunization record where all the dates looked exactly the same. That would seem unlikely, and I might ask for some additional documentation for that.

- Okay, I'm just trying to see if there's anything broadly that I can ask. Somebody was asking about military families. "What about military families? Do they need to submit a CIS or COE? And can we accept the military immunization records?"

- That's a good question. Yes, military families have to provide the same documentation as other students, and they have to provide that documentation on or before the first day of attendance. Yes, you can use their military vaccination record as a medically verified record. Where military family law is slightly different for military families is if they don't have all of the vaccines needed because they might have come from someplace where the requirements were different, they have 30 days from enrollment to turn in documentation of those additional doses. That exception is primarily for states where the vaccine rules are brought, like the vaccinations that are required in Washington are pretty much required throughout the whole country. But some states have more requirements, like they require hepatitis A. So a family moving from Washington to that state might need time to go get the vaccination, the different vaccine.

- Okay, well, I think we're gonna wrap it up there. I know we did have a lot of questions. We actually got through most of them, so I appreciate everybody asking. If we didn't answer your question and you'd

like to know, I have the slide up here with our email. You can email us to ask questions. The School Module email is listed there, or our OI Schools email, so please send us an email if you have questions or comments. We will post this webinar recording hopefully within a week or so, maybe a little bit longer. So look out for that as well if maybe your colleagues missed it. I know we had quite a lot of registrations and we've maxed out today, so. But thank you, everybody. I hope you have a great day and a great week.

- Thank you so much, Phil. Goodbye, everybody.

END OF TRANSCRIPT