

Transcript Routine Immunizations and School and Child Care Immunization Requirements

Thanks everybody for getting here. If you are watching as a group this webinar, you'll want to register individually if you want to claim continuing education credit, as there is a little survey at the end of the webinar that you'll need to fill out. And we do have a copy of our slides for this presentation and more information available on our webinar page, which is linked there on the bottom of the page. For continuing education disclosure, Dr. Gretchen LaSalle has received funding support by Merck Sharp and the Dohme Corporation for an American Academy of Family Physicians Vaccine Science Fellowship. So we did wanna mention that. There are no other disclosures. Information about obtaining continuing education will be available at the end this webinar. I will talk a little bit more about that when we finish just kind of the steps you need to do if you're looking for a continuing education. And then this is just the kind of the approvals that we have for continuing education so you can read those yourselves, but we have, like I said, education credits available for nurses, medical assistants, pharmacists, or just a general continuing education certificate. So I'm your moderator and host today, Phillip Wiltzius. I'm a School and Child Care Immunization Health Educator with the Washington State Department of Health. We have Gretchen LaSalle, MD. She is a Board Certified Family Physician. She completed her medical school training at the Tulane University School of Medicine and her residency at the Oregon Health and Science University. She has practiced at MultiCare Rockwood Clinic in Spokane, Washington for the last 14 years. She serves as the Associate Clinical Professor for the WCU Elson S. Floyd College of Medicine, Go Cougs! And is a 2020 American Academy of Family Physicians Vaccine Science fellow. Vaccine advocacy came as a natural extension of her passion for preventative care. She is an active writer and public speaker on the topic. And in October, 2019, published a book with Wolters Kluwer Press titled, "Let's Talk Vaccines: A Clinician's Guide to Addressing Vaccine Hesitancy and Saving Lives." And then we have Katherine Graff who is a School and Child Care Immunization Nurse Consultant at the Washington State Department of Health. Katherine received her bachelor of science in nursing from the Loma Linda University. She has worked as a registered nurse for more than 35 years, including 15 years as a school nurse. She has been with the Department of Health since 2016, and she is responsible for providing resources, training and clinical consultation to parents and school and child care staff about school and child care immunization requirements. Okay. And then these are the course objectives, which we will talk about what we're just gonna jump right in. So I'm gonna turn it over to Dr. Gretchen LaSalle and she will start the presentation.

- Thanks Phil. Hi everybody, thanks for joining us on your lunch hour. So I've got a lot to get through and I'll talk relatively quickly. We'll get started. My name is Gretchen LaSalle. It's nice to be here and next slide, please. So first we're gonna touch base on the effects of the SARS-COV-2 pandemic on routine immunizations. Next slide. So we'll start by looking at where we were before the pandemic. And this is data from 2017 and '18 from the Washington State Department of Health by county, looking at percentage of completion of kindergarten immunizations. And you can see the green is anywhere from 90 to 98% complete. And then red is 47 to 67% complete. So we have quite a hodgepodge of completion rates around the state. And we know that some of our vaccine preventable diseases require a fairly high rate of immunization in order to prevent return of those diseases. So this is where we started and then we had a pandemic and let's go to the next slide, please. So during the pandemic, this is data from across the U.S. Routine immunization rates have significantly decreased during the course of the pandemic. This is data from earlier on in the pandemic. The top graph is looking at the change of all non-

influenza doses of vaccine ordered. So the top line, the dark blue is non-influenza doses and the dotted line is measles-containing doses. And you can see when we had a national emergency declared on March 13th that there was a significant drop in ordering. And then the lower graph looks at actual vaccine administration of measles-containing doses, and again, a significant drop-off in March and April more so in our older over two-year-old kiddos. Next slide, please. And then in Washington State, we saw a similar thing. I cannot see the descriptors of the bars very well, but in gray, it's sort of where we came from, our average immunization rates for kids zero through 18 in 2015 to 2019. And then the dark blue is 2020 rates. And again, as we went into the spring of last year, you can see a significant drop-off in immunizations and then the light blue is how we're doing in 2021. So we're catching up and making up a little bit of ground, but we still have a long way to go to get back to pre-pandemic immunization rates for our routine immunizations. Next slide please. So why should we be concerned about this? As we said, some vaccine preventable diseases require a high level of immunization to maintain herd immunity, measles being the penultimate one, we need up to 95% of our population immunized to keep measles from spreading throughout the community. And as we said, we've seen a big drop around 40% in our routine immunizations earlier on in the pandemic. And we already were starting out under that level in many of our counties across the state. We're also seeing people have COVID fatigue. They're not masking and socially distancing as strictly as they were in months past, we're already seeing an unseasonable return of RSV happen in the summer months and early fall coming where it's normally a winter virus and then other respiratory viruses are going to follow undoubtedly. And then flu season is right around the corner. So that adds another element of excitement to our following winter. Next slide, please. So now more than ever, effective vaccine messaging is really important. Next slide, please. Before we get into that, that vaccine conversation though, I want everybody to just, before you walk in that door or sit down to talk with a friend or family, I want you to remember a few things. Next slide, please. First, we need to try to not make assumptions about where people are gonna fall in their desire to get vaccinated. I have been surprised numerous times over in my own patient population, I've had families who vaccinate for everything, not wanna get vaccinated against COVID. I've had families who don't vaccinate at all and all of them are vaccinated against the COVID. So it's really hard to predict what people are gonna do and we should really just go into it, assuming that they're gonna go along with our vaccine recommendation. We'll talk about that in a minute. Next slide, please. We really need to maintain an open and inviting posture, next slide, So we wanna try to have body languages more like the folks on the right. As we go into discussions, if we think about our own discussions or disagreements we have with our loved ones, if we look like the person on the left or the person who is talking to us, looks like the guy on the left, arms crossed, eyes rolled, he's probably interrupting us, huffing and puffing, we are not gonna wanna come around to that person's way of thinking. In fact, we're probably gonna get even more entrenched in our own point of view, and this happens absolutely in the vaccine conversation. So as much as we may feel some frustration and internally, we feel like this guy looks, we cannot let on in our body language. So we need to be open, inviting, curious, respectful. Next slide, please. We also need to remember that there's a spectrum of vaccine acceptance. It can feel like when people are declining our vaccine recommendation like they're anti-vax, but that's really a very small percentage of the population. Next slide, please. What we're really aiming is to hit those folks that are in the middle of this vaccine continuum. And we have traditionally called these the vaccine hesitant folks, but really, I think vaccine curious, to put a positive spin on it, might be a better term. People just need more information. They're curious. They wanna have more information to feel comfortable and confident. So this is the group that we're aiming our message towards. Next slide, please. We also need

to realize that people are not setting out to frustrate us. They're just really trying to make the best decisions that they can with the information that they have, and they may just be using this guided information. So it's our job to be there to provide them with reliable information. Next slide, please. And then if we can approach the conversation with empathy, it'll go a lot better for both parties involved and it is really hard these days to tell what's true and what's not true out there. So if we can remember that, we can feel a little bit more empathetic, less frustrated towards folks we're talking to. Next slide, please. So we're gonna go through all of these different approaches to the vaccine discussion. I'll go through each one individually, next slide, please. We'll start with the presumptive approach. So I'm gonna contrast this with something called the participatory approach which is what we use much more commonly in medicine when we're trying to help people make behavior change. For example, if you're trying to lose weight, we need to involve that patient in the decision making, what's gonna work for them, what's gonna be realistic, but it turns out when we use that approach in the vaccine discussion it backfires. And so what works much better is something called the presumptive approach, where we really go into the conversation just presuming that they're gonna go along with what we are recommending. An example of this in the flu discussion would say, "It's flu season so we'll get your flu shot before you go." Versus the participatory approach might say, "It's flu season, what do you wanna do about a flu shot today?" So you can see how that might engender a little bit of doubt in the patient. They might be thinking, well, why are they asking you what I wanna do? Don't they know what I should be doing? So the presumptive approach really just give that patient complete confidence that you have no doubts about what you're recommending. Next slide, please. Dr. Doug Opel who's a pediatrician and researcher at UDaB and Seattle Children's Hospital did a study looking at these two approaches. So he took pediatricians providing well child visit care, divided them into those two groups, one using the presumptive approach and saying something like, "It's time to start our vaccines, today we're doing the MMR and chicken pox." Versus the participatory group said something like, "How do you deal about vaccination?" So the group that used the presumptive approach had a 74% acceptance rate of the recommendation and only 26% resistance. Whereas the group that used the participatory approach had 83% resistance and only 4% acceptance. That's a huge difference. And you might think that this happens because these are vaccinations people are more comfortable with, or have traditionally been confident in and have themselves. But this also happened during flu season, and so he had the same, he used the same, or did the same study looking at the flu conversation and had exactly the same results. Next slide please. So it really works. Another type of approach is called bundling and/or it's also called discussing vaccines in the same way on the same day. And basically what you're doing is you're sandwiching a vaccine that maybe is a little harder to convince people of traditionally like flu or HPV, or now maybe COVID between other vaccines that they're more accustomed to getting or more comfortable with. So for our 11 to 12-year-old visits, Tdap, HPV and meningitis are the traditional ones that we've given. With COVID, it would not have been possible earlier on in the pandemic to have this type of a conversation because we didn't have COVID vaccines in most of our clinics and there was this two week waiting period that we had to do. But now that is no more and we can use this approach for COVID vaccines too. Next slide, please. So the bundled approach versus unbundled. Bundled would say, "You're due for your Tdap, HPV cancers and meningitis vaccines. We'll get those before you go." And then unbundled would say, "You're due for your Tdap and meningitis. We also have the HPV vaccine to offer." So again, if you separate that out, it makes it somehow seem less important whereas if you put it all into one breath and sandwich it between those other two vaccines, it lends equal weight and of course they are equally important. Next slide, please. So an example of why this is so important is our HPV vaccination rates.

This is data from, again, Washington State looking at teens between 13 and 17 years old, this was in 2018 and you can see that there's quite a difference between the vaccines. All of these vaccines are given at that same visit. They should all be at the same level, administered at the same level. But in this survey, Tdap was only given 72% of the time. Our healthy people 2020 goals are 80% so we've fallen short of that. The MenACWY was 64%, but if you look at completion of all HPV doses, only 41%. So there's a big difference between how we're approaching Tdap and meningitis vaccines and HPV. And if we put it all into one recommendation, one breath, it'll help our efforts to get kids vaccinated. Next slide, please. So motivational interviewing, if you're looking at these sorts of approaches, there's a variety that you'll come across, but basically they're all different frameworks to accomplish the same thing and they really work. What we're trying to do is to clarify patient's concerns, validate their feelings, provide confidence in our expertise, refute any myths and offer a strong recommendation. Next slide, please. So I'm gonna look at one called the 3As approach. This one just feels most intuitive to me and the A's are ask, acknowledged and advise. And of course the first one, ask, I think is the most important because if we don't even ask, then we've lost the opportunity to educate and to protect that patient and their community. So we don't wanna just stop with a no response, we need to dig deeper and say something like, well, tell me what you're hearing, tell me what's worrying you about X vaccine. In this scenario, we're gonna talk about COVID so they might say, and we're hearing this with our pediatric patients and parents are voicing this concern. I've heard that the COVID vaccine can cause fertility problems. So next we need to that because that's that person stumbling block. If we can't get past that, we're not going to convince them to get the vaccine. So we need to acknowledge the importance of that. We might say, I can see how that would be scary. If that were true, I wouldn't want you getting the vaccine either, or I wouldn't want your child getting the vaccine either. Can I tell you what I know about that concern? Or may I share with you what I know about that concern? And I bolded that because it's really important at this point to ask permission to continue the conversation. It's easy for parents and patients to feel like they're being lectured to or talked down to, and the... Power differential there. But if we ask permission to show what we know, it gives them a little bit more equal footing in the conversation, and you will almost always have people say, yes, please go ahead and tell me what you know about this concern. So in this scenario, we would then advise about the facts relating to their concern and we would say, researchers have looked at this and there's no evidence that this fertility concern is true. There were pregnancies that occurred during the trials and the only adverse outcomes were in the placebo group. And we've now had more than 150,000 pregnant women choose to receive the COVID vaccine. And we've seen no increase in adverse pregnancy outcomes. COVID itself could be extremely serious in pregnancy and vaccination is the best way to keep both moms and babies healthy. And I strongly recommend, there's your strong recommendation, I strongly recommend this vaccine for all of my patients. Next slide, please. And then if we can make it personal, that really goes a long way to parents and patients really put a lot of confidence in what we say and what we do for our own family members and for ourselves. So if we can comment that we've been vaccinated or that we vaccinate our children, that gives them confidence. If we can tie recommendations to something personal in their life, that goes a long way too. I do this all the time in family medicine, we see all ages of patients. And so, this is a common one for me when I talk to grandparents who are telling you about a new grandbaby that's coming into their lives. So I talk to them about how important it is for all the people around that new baby to be vaccinated against pertussis and flu because the baby can't be vaccinated yet and could get really seriously ill if they got sick. So make it meaningful to them. And then if we can use real life anecdotes to discuss harm from vaccine-preventable disease that's also helpful.

We all now have stories with COVID, but with other diseases too in the past, we have patient stories or friends and family stories that we can share. One of the reasons that the anti-vaccine movement is so effective is because they share stories and stories are powerful. We make decisions much more quickly emotionally than we do rationally and so we need to take advantage of our own stories which are very powerful. Next slide, please. And we need to be persistent both in the moment and in the long haul. So Dr. Opel took that same study and he carried it a step further. So he took the providers who, took the parents who initially declined the vaccine in the study and had that provider give it one more push, say something like if this was my child, I would definitely go ahead, or if you really needs these shots. And they got an additional 47% acceptance of the vaccine recommendation. So it really works. Now, if someone still says no, then it's time to back off and save the conversation for another day. We don't wanna berate them, but it's okay to be persistent. Next slide, please. And then we also need to really be patient. The vaccine conversation is usually a marathon and not a sprint. And I put sort of there, because right now with COVID, it feels very much like a sprint, but typically it's more of a marathon. It takes time for parents and patients to develop trust in us. Some people are gonna want more time to review information away from that clinic setting because it just feels too pressure pack for them so we need to have some resources to give them. Experiences affect patient's choices all the time. And then children grow up hearing your pro-vaccine message. So I'm a fan of keeping patients who are families who are choosing against vaccination on practice because it gives me the opportunity to change minds and it gives them, it gives the child the opportunity to grow up hearing my message. And oftentimes kids will grow up and make a different decision than their parents made for them regarding vaccines. Next slide please. So, we have our methods of improving immunization uptake through our own individual interactions with patients, but there's also process improvement that we can take advantage of and we wanna try to avoid missed opportunities and close any care gaps that we have. So we'll touch base on this next, next slide please. So vaccination is a team sport. It really does take everybody in your office to vaccinate a child or an adult. Next slide, please. And we need to engage all members of the team. In my thinking, our MAs and our nurses are probably the most vital piece of this team. They often have exposure to our patients more than we do, they're handling refills, getting paperwork, scheduling appointments. They often, and these are demographics of medical assistants, they're often female, and they're often in the age group of parents that are bringing their kids in for these immunizations. And by and large, moms tend to make vaccine decisions for their kids. So, our parents really put a lot of confidence and faith in what our MAs say and we all need to be saying the same thing. Next slide, please. So this is the 3As approach, sorry, 3Es approach to creating your vaccine team. So we want to engage the team. First, we need to find out what questions and concerns our MAs and nurses have about vaccines themselves, because they need to feel confident in what they're doing with our patients and the care that they're providing. We need to be approachable so that people can come to us and we need to invite questions. This helps really, helps the MAs and nurses have greater confidence again, in the vaccinations that they're giving, knowing that they can ask questions if they need them and also cuts down on vaccine errors, if we're approachable and available for questions. And then we need to educate not only ourselves, not only our patients, but our staff. Again, people giving the vaccines need to be confident in what they're doing and they need to be able to answer questions too because parents are gonna ask the questions of them, and we all need to be giving the same message and kind of rowing in the same direction. And because vaccine information changes so frequently, we need to stay up to date. So education is an ongoing process. And then we need to empower our staff. Using standing orders for vaccine administration is one way to do that. It allows the staff to give vaccines when we're not even in

the room or not even in the clinic, as long as they're following the protocols that are set forth for giving those vaccines. And then we need to teach our MAs and nurses to use those same proven approaches that we use. The presumptive approach, bundling. Again, if everybody's saying the same thing and giving the same message, it'll provide confidence in our overall message and goal for vaccinating our kids and families. Next slide, please. I encourage every clinic to have a vaccine champion or more than one vaccine champion. This tends not to be a physician or an APP, this tends to be an MA or an RN, someone who knows the vaccine schedule inside and out, is familiar with storage requirements which becomes important when we have power outages, for example, who's responsible for maintaining vaccine supplies. There's nothing more frustrating than finally convincing somebody to get a vaccine, walk out of the room and find out we ran out of it a week ago. So maintaining vaccine supplies is really important. They too need to be approachable for questions from other staff and able to provide constructive feedback when opportunities exist for that. And then they need to be given time and funding for ongoing vaccine education support because things are changing so rapidly. Next slide, please. So we make use of our people, we need to make use of our systems. So there's something called the Vaccines for Children Program, which many of you are probably already enrolled in. This is a federally funded program for kids who qualify that provides free immunizations up through age 18. There's the Immunization Information System, which is state dependent. They don't communicate with each other state to state, unfortunately yet, maybe someday, but once your clinic is enrolled in Immunization Information System, when you give a vaccine, you upload it to this database and then everyone who's involved in that IIS can see it. And so it allows us to stay on track with vaccines, but also to avoid getting duplicate vaccinations. We need to update our vaccination records frequently. Our records are only as good as the most recent update and so we need to be pulling those immunization records into our electronic medical record with every encounter. And we need to take advantage of that electronic medical record, which most of us have these days, because these have reminder functions for us regarding vaccines although we do need to check the accuracy of them because they're not always accurate. And use that technology to remind parents about vaccines, to send robocalls or send out MyChart messages if you have Epic or text messages, take advantage of technology. Next slide, please. And then we need to work on improving our processes so making vaccination status a vital sign is super important. And by that I mean, it's something you think about with every visit, just like we take a blood pressure with every visit, or get a heart rate with every visit. We need to be looking at vaccine status with every visit. And we need to vaccinate at every single opportunity and not just wait for well visits to do that because we know that there are certain groups of people, teenagers are one of them, young adult males are another that don't routinely come in every year for a well visit. So we can take advantage of that migraine visit or sprained ankle or acne or whatever it is to catch kids up on their immunizations. I highly recommend that you have your MA introduce the idea of immunizing, again, using that presumptive and bundled approach before you even get in the room. If they say yes, then they can go ahead and administer the vaccine while they're waiting for you. If they say no, it just sort of greases the wheels and eases the way for your next discussion. Schedule vaccines given in series before the patient leaves the building, hepatitis B, HPV, et cetera, you don't wanna rely on parent memory to remind them for them to come back and schedule, you wanna get them scheduled before they leave so there's a vaccine appointment reminder. We all need all the help we can get in remembering these sorts of things. And then we wanna periodically query our clinics immunization information so we can close care gaps, call people back in that are due. And I encourage folks to offer vaccinations outside of routine appointments. One of the things that we do is every year we do two flu clinics in the fall, two Saturdays.

And we enroll people ahead of time and we take those folks that are enrolled then we go back through their charts and look for any other vaccine that they're due for because care gaps happen. And then when they're there, we make sure we order appropriately, when they're there, we offer them the other vaccines that are overdue for and by and large patients are extremely thankful. These are already pro-vaccine people, they're coming in for their flu shot. And they mostly just didn't know they were overdue. And so they were appreciative of the fact that they can get caught up at one visit. And last year we did about 500 flu shots over two days, and we gave close to 180 non-flu vaccinations. So we were able to catch up and we know that we need to do a lot of catch up this year, especially. Next slide, please. And then we just need to be familiar with our vaccination guidelines. So we each know our routine ages for vaccination, indications and contraindications for each vaccine. And even the special indications. People who have had a splenectomy, have a whole nother set of guidelines for their immunizations and there's other special groups. And we need to be familiar with the catch-up immunization scheduled. Usually these are condensed. We don't have to wait as long between immunizations as we typically would on a normal schedule. And I'll give you some resources for how to look that up in a minute. And then in anticipation of COVID vaccine being available for kids, hopefully in the coming couple of months, we just wanna remember that there's no longer a waiting period between COVID and any other vaccine. We can give them together, we should give them together. Next slide, please. So resources are super handy to have, and there's some more techie ones. These are those. And then I'll give you a couple of books that I really recommend you have in clinic, but the CDC, we're all familiar with that laminated card that has the vaccine schedule on it. There's an app that has a similar functionality and then the Shots app, which is the Society for Teachers and Family Medicine app, it allows you to look up the, if kids are overdue, what is that condensed schedule? Or if they do have a special indication like splenectomy or like immune-compromise, what are their recommended immunizations? How often do you get those immunizations, et cetera, because it's a lot of information to keep track of. So these are super handy and I encourage you to have them on your phone. Next slide, please. And then these two books, I would probably have the pink book, there called the pink book and the purple book. And they're both just really great resources for sort of practical information, storage, how to store the vaccines, common side effects, adverse events, how to report to the Vaccine Adverse Event Reporting System. If you have somebody who has a latex allergy, which vaccines have latex in their tubs, which ones can they get? Which ones can they not get? All of that is in these books. So I would encourage you to have these on hand. Next slide, please. And then these are resources, more internet resources for patients and staff. The first one, immunize.org is an amazing, amazing resource for, mostly for us, for providers and staff. They've got a great page called Ask the Experts, which if you have sort of a unique situation that you need to get sorted out, that's a good place to go. And then the Children's Hospital of Philadelphia, the Vaccine Education Center, this is Paul Offit's baby, if you're familiar with Paul Offit, he's a pediatrician and this is a wonderful resource as well. And then healthychildren.org is the American Academy of Pediatrics site and they have a page called Vaccine Studies Examine the Evidence. So if you have parents who need like actual research studies and they wanna look at the data in the study, this is where you can find studies that look at those questions of common concerns that we hear about, toxins or autism or what have you. Voices for Vaccines is an excellent resource if you have patients who really need to not only hear from their provider, but also other people, other people's stories. And this is where if you have people who need to kind of find someone who's made a transformation from anti-vaccine or vaccine hesitant to pro-vaccine, if they need to read stories like that, this is where you're gonna find those stories. And then NDs for Vaccines is an excellent resource. Here in the Northwest, we have a lot of folks who see

naturopaths and have a little bit more of a natural, want to approach their health more naturally. And some naturopaths are anti-vaccine, but not all by any means. And so this is a great resource for those folks who have that sort of a bent to their desire for care, NDs for Vaccines is a really good one. So next slide, please. And then I will with that say, thank you. And this is contact information for me if anybody wants to get ahold of me after and has questions that I can help you with, feel free to reach out. Thanks so much.

- [Phillip] Okay, next, we have a Katherine Graff. Katherine, are you ready to present?

- I am, thank you, Phil.

- Perfect.

- Hi everybody. This is Katherine Graff, a School and Child Care Immunization Nurse Consultant with Department of Health here to talk to you about the Washington State requirements and forums and all that fun stuff. Next slide. So first we're gonna talk about laws and rules. So just quickly, in a nutshell, how do we have the immunization requirements? So what we do is we have the legislature passes legislation, which gets signed into law by the Governor, which makes the law for the health and screening requirements which includes the immunizations. Next slide. The law gives the State Board of Health, not the department, but the Board of Health authority to determine which diseases children must be fully immunized against and what kind of documentation is needed to show that they're immunized. Next slide. Now, there are a lot of diseases that have immunizations that are in the National Recommended Schedule for the child and adolescent schedule and those are on the left. In Washington not all of those diseases require full immunization, so you see that list on the right. Next slide. We have some pages with links to all of the RCWs and WACs. So if you wanna read some light reading, you can definitely read it for yourself on these pages, it has all the details. Next slide. So now let's talk about the requirements, what are they? We have two different vaccine requirements charts. Next slide. One is for the school and child care or preschool and child care. This slide, next slide, is by age. So to determine how many doses of vaccine are needed for full immunity at that age, you go to the child's age without going over. For example, an 18 month old, we would not choose by 19, but once they turn 19 or 20 months, then we'd look at the by 19 month row and determine how many doses are needed. Next slide. The school chart is by grade. Here we assign the immunization rules to actual grades. Next slide. And you'll see here. So you determine what grade the child is in. Let's say seventh grade, and you read the column down to see the number of doses. Next slide. The back of the charts have more detail that tells you when the minimum ages and intervals are between the doses and then some additional notes. So that's a good place for some quick reference material. Next slide. But for something more detailed, we have what's called the IVRS, the Individual Vaccine Requirements Summary. We update it every year and it goes through each of the vaccine series and it talks about the rules, like those minimum ages and intervals, it talks about the exceptions to the rules and it talks about the catch-up schedule. So this is a very good document to bookmark, refer to, if you have a question about if a child needs more doses of

vaccine. Next slide. So I wanna talk about a couple of the vaccine series in a little bit more detail because these are the ones that can be the most complicated and we get the most questions about. First of all, for the preschool and child care ones is Hib, the Haemophilus influenza and the pneumococcal conjugate vaccine, the PCV vaccine. Both of these vaccines are in the child care preschool charts up until the child reaches five years of age. Once a child reaches five, then they are no longer routinely recommended to receive additional doses. So even if they didn't finish the series or didn't have any doses, we wouldn't require it once they turn five years old. Now the number of doses that they need varies depending on the age of the child when they got the vaccine and their current age. So in some situations, they could complete the series with just one dose. Next slide. So the IVRS has a really handy Hib chart in it. So you can say, okay, this is the age the child is now and this is how many doses they've had in the past, so this is what they need. So for example, next slide, a child who is at least 15 months old had one dose of vaccine. I mean, had one dose of vaccine, after 15 months of age, then they have completed the series. No additional doses are required. Next slide. There is a similar chart for PCV to figure out how many doses are needed. So I would definitely encourage you to take a look at those. Next slide. The other thing we get a lot of questions about is the DTP family, diphtheria, tetanus, and pertussis. Now there are two vaccines that cover these three diseases. There's the DTaP and then there's Tdap. The DTaP is licensed to use for children through six years of age. It contains more vaccine antigen than the Tdap. So you can tell that because of the capital letters in the DTaP. It is not given to children who are seven years and older. So if they didn't complete their DTaP series by the time they turned seven, we switch over and start using Tdap and then additional doses of Tdap or Td if needed to complete the series. There's also a Tdap booster that's recommended in the ACP National Schedule for all children at age 11. Next slide. So the IVRS, as I said, goes into all kinds of the details. So this is just a little example I've highlighted around the catch-up schedule for children who are seven or older who didn't get all of their DTaP doses. Next slide. So that Tdap booster dose, again, ACIP recommendations is that every adolescent age 11 to 12 should get a Tdap but if they got a Tdap early because they were in a catch-up schedule then that those does not count for their booster dose at age 11 or 12. If they got at age 10, it can count, but seven through nine does not count. And the Washington Immunization Information System, our state registry, forecast using this rule. Next slide. The Tdap school requirement took into account these updated recommendations a couple of years ago. And what we did is we grandfathered the students that were older because they were immunized under the previous rules. So for this school year, students who are in seventh and eighth grade must meet the new ACIP recommended schedule and have a Tdap on or after age 10, even if they had one before that. But students in ninth through 12th grades can meet the requirement with a Tdap on or after age seven. We'll continue to roll up these grades up in the next few years until everybody is meeting the same requirement. But providers, we encourage you to not think about what grade the child is in. If they haven't had a Tdap and they're 11, they should get a Tdap even if they've had one before. Next slide. Let's talk now about the certificate of... Status form, next slide. The CIS has to be medically verified for accuracy, that changed at the beginning of last school year. The CIS is an official form that's created by the Department of Health. It should not be recreated in an electronic health record. So if your electronic... Has a CIS that they've recreated, you should not be... That's not allowed. We need to be using the official CIS... It has to be medically verified for accuracy. Now, if it is printed from the Immunization Information System either the validated CIS... Not complete, or the older version that's printed from the MyIR.. Those take information from the IIS, which only medically valid information can be entered in the IIS. So those are already considered medically verified. However, if a parent fills out a

hard copy CIS, for example, they're moving in from out of state and the records aren't in that IIS, then they can fill out the hard copy, but it has to be medically verified. A healthcare provider can sign off on the verification or a school nurse, administrator, child care health consultant, or their designee can also sign off after comparing the information on the CIS with attached medical vaccination records. So there was a lot of confusion, but only the hard copy CIS needs to be medically verified by signature. Next slide. Now there was one exception when a CIS is not required for school entry and that's if schools or UA is using the IIS school module, which is a free system that they can use to do their immunization compliance work. If upon enrollment, they verify that the student is complete in the IIS, in other words, they have all the vaccinations they need, then they don't have to have a CIS on file. If they're not complete in the IIS, then all the old rules about needing a CIS and medical vaccination records apply. Next slide. So I'm just briefly gonna show you the three different versions of the CIS so that you understand them a little better. First, the validated CIS. Next slide. It can be printed from three places in the IIS, the Demographic page, the Vaccination View/Add or the Reports page. And then you have to select the compliance series that you're measuring it against, well, for the grade that the child is in or the age for child care 'cause different vaccines are required at different ages and different grades. Next slide. It will say Not Complete, Complete, or Conditional. Next slide. For the series that was selected, so you can see what compliance series was run against the CIS. Next slide. It'll show the date that it was validated. And again, no provider or parent validation signature is needed. Next slide. It has two places for a parent to sign. The one on the left is a place where the parent can sign to give the child's school permission to add the immunization information into the IIS to help the school maintain their child's record. Schools need this if they're using the school module and if their information is not in the IIS already. The signature is optional for school attendance. The next place, next slide, that parents can sign is the parents guardian acknowledgement that the child is entering school in conditional status. This signature is required if the child will be in conditional status. In other words, they're on a catch-up schedule and waiting for more doses to come due. Next slide. If evidence of immunity has been entered in the IIS, it will show in the Positive Titer column, which is considered provider verification of immunity. Next slide. If chickenpox disease history has been entered in the IIS, it will also check this box. Again, that is provider verification of history of chickenpox disease. Next slide. The Validated CIS has a page two Action Report that will print. Next slide. It will show you required vaccines for school or child care entry that are missing. So if it says Not Complete, this should have some information there showing what they still need in order to start school or child care. Next slide. It also shows recommended vaccines, but not required. Remember the CIP schedule has more vaccines than what are required in Washington. So we still want children to get these vaccines. Next slide. And finally, it shows you if there were any invalid doses. So invalid doses do not print on the CIS on page one, because they're not used in calculating whether the series is complete. We had a lot of questions about that so we put that information here so you can see, okay, why isn't that particular vaccine showing up on the page one? If more doses are needed, then they will be in the red or the black boxes. If there aren't doses in the red or black boxes, they probably either didn't need the dose or they subsequently have already gotten additional doses. Next slide. Now the MyIR version of the CIS. Next slide. It's using the older formatting that we haven't had for a while, but the MyIR 1 is still the old formatting. Like I said before, it contains dates that come from the IIS so it is considered medically verified. However, it is not smart as smart as the validated CIS, and it will print invalid dates. For example, if a child had an MMR at age 11 months, it doesn't count for the school and child care requirements, but it'll still show up here. So it's really important to look at the ages of the child and the intervals for the dates on the MyIR version. Next slide.

It has a place also where chickenpox disease can be verified, if that's checked that's provider verification. Next slide. And then parents can sign up to print their own MyIR version of the IIS, of the CIS and there's information on this slide, including some documents if you want to promote that with your parents. Next slide. The hardcopy CIS. So again, for those parents whose children don't have immunization records in the IIS, we have this option. So next slide. It looks like this. Next slide. It has the place at the bottom where the medical verification signature goes. Next slide. And again, that's either a healthcare provider or a school nurse administrator, et cetera, can sign it as long as they compare the records that are attached to the CIS, the medical records to what's written on the CIS. Next slide. The medical vaccination records can be something like something that was printed out of a provider's office, it can be something from another state's registry. Every state has a registry like the IIS here in Washington. It can be that lifetime immunization record that is completed by providers when they go in and when the child goes in to get a vaccine. And there's quite a few more examples with pictures in the document link there. Next slide. The hardcopy CIS has a place for the healthcare provider to document chickenpox history, disease and lab evidence of immunity. Next slide. Please note though, polio. Polio can only be immune by blood antibody titer if the child has documentation of immunity to all three types of wild polio virus. Since the eradication of polio virus type 2, it's very difficult to get a titer for type 2. So CDC's recommendation is not to do titers anymore, but if they had titers years ago when type 2 was available, it's still an option, but it has to be to all three serotypes. Next slide. It has the same two places for parents to sign on the front of the CIS. Next slide. And then the back has information to help the parents in filling out the form, including the conditional status rules. Next slide. So what are the conditional status rules? So the rules are that children must have documentations of immunizations or an exemption on before the first day of attendance, they have to have all of the doses they're eligible to receive. So if they're past due on a vaccine, they're supposed to get it before they start school or child care. But if they're needing to wait for an additional dose, say they're in the DTaP series and they have to wait now for weeks until they can get those two, they can start school in conditional status. They have 30 days from when that dose comes due to turn in paperwork to the school. And the parent must sign the conditional status statement on the Certificate of Immunization Status form. Next slide. The law does allow for exemptions from the school and child care immunization requirements. And that's where the Certificate of Exemption form comes in. Next slide. The child may be exempted like I said, but in order to do so, the parent must turn in a completed Certificate of Exemption to the school. This again, is a form created by the Department of Health. It shouldn't be coming out of electronic health records. Next slide. This is what it looks like, it's a two-sided form. A one side has personal, philosophical and religious exemptions, religious membership exemptions and on the other side are medical exemptions. Next slide. There are four types like I just mentioned, personal or philosophical, if the parent has philosophical or personal beliefs against immunizing their child. This is not allowed by law for measles, mumps or rubella immunizations. Religious exemptions, the parent or guardian has a religious belief against that vaccination. Religious membership exemptions are different. Those are where a parent affirms that they belong to a church or religion that does not allow them to take their child to a healthcare practitioner for medical treatment, period, all medical treatment, not just vaccinations. And that's important when we talk about the education requirement in a minute. And then of course, there's medical exemptions for those children that it's not medically advised that they get a vaccine because of a medical condition. Next slide. The education credit requirement was added in 2011 that says, "Personal/philosophical, religious and medical exemptions must have the signature of a healthcare practitioner that they have given the parent information about the benefits and risks of vaccination.

That health care practitioner is very narrowly defined as a physician, a naturopath, a physician's assistant or an ARNP who is licensed in Washington State." The clinician who signs that they have given this information is not saying that they have assessed the parent's personal religious beliefs or that they agree with them, or don't agree with them. Clinician and school staff have no role in assessing the validity of the parent's beliefs. This is just about the education piece. Next slide. Annual school reporting. Next slide. Is required by law to be done every fall. The normal due date is November 1st, but we're extending it this year to December 1st. There are two ways that people can report. One is through the school module. So somebody is an active user of the school module. They don't need to do anything else, will pull the data, or they can complete an online survey. There's more information on the websites and if you're thinking you're gonna be doing the survey, be expecting some documentation here very soon. Next slide. Just wanna mention the school module. I always mention the school module if you've heard me talk before. Next slide. Again, it's just another system that is with the IIS that allows schools to use the millions of records in the IIS to do their immunization compliance work. They can print reports, letters, et cetera, to make their life easier and again, it's free. Next slide. Resources, I always have to leave you with those. Next slide. There's the school module website and email if you want more information about getting on board. Next slide. There's the school and child care immunization page. I can't highlight this enough. This is your go-to place for everything related to the immunization requirements, all of the forms, et cetera. I really encourage you to bookmark it and go there when you need to get a formula, always have the most up-to-date version. If you have questions about reporting, the school requirements, the forms, any of that, please send them to OICPSchools@doh.wa.gov. Next slide. Again, a highlight for the IVRS, don't forget to check that out. Next slide. And finally, the school and child care listserve. We do push out information periodically, especially when new things change, forms change, the requirements are updated, et cetera. So I try not to do it very often, but if you wanna be in the know about what's happening, I encourage you to sign up for the listserve. Next slide. That's it for me. Thanks, Phil.

- Awesome. Okay, so just briefly, I wanna touch upon continuing education and then we'll hop into some questions. We got some great questions today. Okay, so continuing education is available for nurses, medical assistants, pharmacists and pharmacy techs. So in order to get continuing education activity, you basically need to attend the slide webinar or watch the webinar recording which should be live hopefully in the next week. So when this webinar ends, Zoom will forward everybody to kind of like a survey for doing like an evaluation as well as doing a post-test. So if you want your continuing education credit, make sure to fill that out. If you, for some reason, close the page or lose the link, everybody who has attended the webinar will be sent the link tomorrow from Zoom. So then you can click on it and take the evaluation. Once you've filled that out, then we will at the Department of Health send you your certificate based on the one that you requested. And if you have any questions, please feel free to email Trang down on the bottom of the page. Okay. So I am going to ask a couple of questions here. Okay. So the first question, and this is I believe for you, Gretchen. It was very early in your presentation. Somebody asked, was the 40% decrease in routine immunizations for the entire State of Washington?

- Yes, that was a statewide bit of data.

- Okay. Let's see. Somebody asked, I can probably start to answer this and then if anybody else has any thoughts. So somebody asked, what we've been finding, for example, is that local doctors may be out of immunizations such as Hib, parents are having to wait until a new shipment arrives and no guarantee at times of when. And I just wanted to mention, because I used to work on the storage or the vaccine management team doing storage and handling work. So we generally always recommend that providers manage their vaccine inventory and you have a certain amount of vaccine stock on hand. I don't currently know what the recommendation is, maybe like a month or more. And so we always want to encourage providers to manage their vaccine stock and make sure that they have adequate supply. Obviously, if the provider is not a part of the Childhood Vaccine Program, which we strongly recommend, they can definitely order that vaccine and then call the parent back when they get it. If they're a part of the Childhood Vaccination Program, they should have a pretty strong idea of when they will get that shipment because it's regularly, every week or two when they order. And if that doesn't work for the parent, I definitely think you could encourage them to potentially check out a local pharmacy. A lot of pharmacies lately have been offering childhood vaccinations. Some of them may have requirements on how young of an age they'll vaccinate so you'll wanna be aware of that. Yeah, Gretchen or Katherine, did you have any other thoughts on that?

- Not really, just as we anticipate sort of big push for vaccine times like back to school, traditionally flu season, we really start gearing up for ordering. And typically, at least in my clinic, it takes a week to two like you said, Phil to get vaccine in. And I think we're seeing a little bit of delay as all organizations and all companies and all institutions across the country are seeing just because of COVID, but routinely it's not too hard to get it in within a week or two.

- Okay. A participant wanted to confirm that they could administer COVID vaccines at the same time with other childhood immunizations.

- Absolutely. Yeah, please do, yeah.

- And I believe you can find that on the CDC webpage for their clinical considerations for COVID vaccine. So you can always give that a quick google if you're unsure.

- Can I say that I think it's really important that we give people a realistic expectation of what they may feel after vaccination. We're seeing this with COVID, especially, but I think this is one of the reasons why a lot of people think that the flu shot can give them the flu, which of course it can't, it's because we don't do a good enough job telling them, you could expect to have a low grade fever, you could expect to feel achy or tired within a day or two after your vaccine, that's just your immune system kicking into gear. It's actually a good sign, but it's an uncomfortable one. But because we don't tell them that they feel those symptoms and assume they're sick. So we need to do a good job about counseling patients what to expect.

- So Katherine be prepared, it looks like we got a couple of school questions. So somebody is asking we have many providers that are still hand signing immunization cards. These can't be entered into the school module. Can messaging be sent to providers encouraging a clinic stamp to be used on all immunization cards?

- So the rule actually says that the medical record is identified by a signature stamp. So if a provider, a healthcare provider is signing that immunization record, then yes, that can be entered into the school module which goes into the IIS. So it doesn't have to be a stamp. It just has to be something that's an official medical record. And here's for school nurses where we defer to your nursing judgment. You're looking at that record to see whether or not that looks like, is this a legit medical record? And if so, you can enter it into the IIS.

- Okay, thank you. Here's another question for you, Katherine, can you address what are the schools to do when a child is given a Td vaccine and then are out of compliance with pertussis.

- They need to go get the vaccine that contains pertussis, that's what they have to do. And as far as the adolescent booster dose, there is no minimum interval between a Td and a Tdap. So they could get a Td today and the Tdap tomorrow. So they need to have that pertussis to be in compliance.

- Somebody asked if the IIS is available to child cares to use without the school nurses.

- So we do have some child cares using the school module on the IIS. They might have a school nurse available or school nurse consultant. Quite a few child cares do use nurse consultants, especially if they have infants. You can also use a volunteer that is working with your organization who has that medical license, can be a nurse, a doctor, or somebody else whose work involves, your scope of practice involves immunization work. We just need a healthcare provider to be part of that information sharing agreement that gives you access to the IIS. So if you've got more questions about that specifically, definitely reach out to us and we can help you work through some options.

- Okay. Somebody asks, so this a IIS question, Katherine. For varicella, when a family provides me a titer letter or proof of immunity and I enter it into the IIS, it will not remove from the CIS and continues to show us not complete. And they just want to know if that's an issue with the IIS or if a doctor specifically needs to enter that?

- There are two ways that we can track those documentations by immunity. In the IIS, a provider can enter it into contra-indications, saying there's lab evidence of immunity for that disease and that will then print the word immune on the CIS and the CIS logic will take that into account when determining if they're in compliance or not. But we also have for the people using the school module, 'cause some providers have not been willing to enter those titers. We have a way in the school module for a school module nurse, the school nurse, to enter that lab evidence of immunity. That will remove that requirement, they'll make that requirement complete for the school module reports and letters and the roster, all that stuff, but it doesn't impact the CIS. The only one that impacts the CIS is the one that's entered by the provider. So in that case, you would need to just change the status on the CIS by hand with a notation and write the word immune on there and that will suffice.

- Okay, somebody asked, if a child is missing more than one dose of many vaccines, what is the process they should follow?

- Do you wanna take this one, Gretchen?

- I think they, sure, they just need to set an appointment to see their provider and go through the catch-up immunization schedule. Like I said, it's often a condensed schedule. We don't have to wait as much time between vaccines. So it just needs some thinking through and planning and timing, but it's definitely, we're able to get kids caught up more quickly than traditionally would be given.

- And I just wanna add another plug for the IVRS 'cause it has all those catch-up schedules for the required vaccines, at least. So it's a good place to find out what those schedules are, those condensed schedules.

- Somebody asked, will COVID-19 be added to the Certificate of Exemption, for medical exemption? And currently right now COVID-19 vaccine is not required for school or child care entry. I assume if the Board of Health does require that in the future, we don't know if that's gonna happen or not, we would add that to the Certificate of Exemption. I don't know, Katherine, if you have anything else to add to that.

- That's exactly it, it's not a required vaccine so there's no provision for an exemption forceful in child care requirements. And the COVID requirements for adults that have gone out with the Governor's mandate and other requirements, those you need to check with your HR department for what the process is for getting an accommodation.

- Another question on exemptions, is it acceptable for a parent to fill out the philosophical exemption for all immunizations and also fill out a religious exemption for MMR.

- There's nothing in the law that prohibits that. So if a parent fills out the COE that way, then that is acceptable.

- And Katherine, under philosophical, they will still need a medical provider to sign off on--

- Yes, for both philosophical and religious exemptions, they need a healthcare practitioner's signature that they've been given education about the benefits and risks. The only type of exemption that doesn't need that healthcare practitioner signature is the religious membership exemption because remember that exemption is where it's against their religious beliefs to take their child to a health care practitioner like our lovely Dr. LaSalle here for medical treatment. Again, that's any medical treatment, not just vaccines. So essentially it's against their religious beliefs to go get the education about the benefits and risks. So they're not required to have that signature. We're the only state in the country that has an exemption like this, by the way.

- Somebody wanted to confirm, Katherine that school reporting, well, school and child care reporting doesn't start until December 1st or, excuse me, child care and preschool.

- So all of the reporting, child care, preschool and K through 12 will open November 1st with a due date of December 1st this year. And more information will be coming out soon.

- Okay, somebody has a question about conditional status. It asks, if students who need to submit their record from a doctor's office, I'm assuming regarding conditional status, if they're unable to do so, are they unable to come to school until those records are submitted?

- I'm not sure I completely understand that question, but the way the conditional status rules are written, the student must have documentation on or before the first day of attendance that they have all of the doses that they're eligible to receive. Like I said, if they need additional doses, they can be in conditional status, if they're waiting for the next dose to come due, but they have to have all of the doses they're eligible to receive or a certificate of exemption in place. The law is really clear that the documentation has to be in place at the school on or before the first day. And there's a whole conditional status FAQ and everything on the school and child care immunization page. So if you've got more questions, that's a great place to look as well.

- Okay, I know we're a little over. Just checking in for time, are you okay both of you answering one or two more questions? Okay.

- Sure.

- 'Cause they're rolling and they're so many. Somebody is asking, well, they're saying, parents are stating that they're not able to get their student vaccinated by a pharmacy or a clinic because they have Molina or state insurance. And as far as I'm aware through the Childhood Vaccination Program, if you have say state insurance or you're under-insured or not insured at all, those vaccinations for their children should be free or there should be cost free, I forgot how we word it, provided at no cost.

- Right. And I'm just not sure how many pharmacies participate in that program.

- Correct.

- But certainly, yeah, for those that qualify, it should be free at any vaccines for children provider's office.

- Yes, yes. Most pharmacies handle their own vaccines themselves and they don't work through the state's Childhood Vaccination Program. So we would definitely encourage those parents to find a clinic or practice that is a part of that program so they can get their child vaccinated at no cost.

- And there is, the Department of Health maintains a provider map for both the childhood vaccine and adult vaccine programs. So you can just put in your zip code and look for clinics.

- Are there any vaccines, including adult vaccines that cannot be given with COVID vaccine?

- Nope. Yeah, currently any vaccine can be given together. And I think that's because in the beginning we didn't really know what to expect as far as the effects of the COVID vaccine and we wanted to be sure to separate COVID from let's say, pneumonia or pneumococcal 23, because we needed to know which one caused what after effects. But now we know, we're very comfortable with what the traditional kind of expected effects are. And so you can have any vaccine together with a COVID vaccine.

- Okay, let's do two more questions. So this one I know Katherine, we've talked about before. If a patient is given live oral polio vaccine from another country, does this complete the series for the polio requirement?

- That is a great question too because I get questions about this pretty frequently. The answer is it depends on when the oral polio was given. On April 1st, 2016, the world stopped using trivalent oral polio vaccine which protects against all three of the polio viruses. So that means that any doses administered of OPV after that date on or after that date do not count in the U.S. series. So if they don't have enough valid doses to complete the series, then they need additional doses of IPV to get caught up.

- Okay, I actually think that's it. We did have some questions asking about which religions don't participate in medical practices and I just wanted to mention that it's not the provider's responsibility to verify those exemptions, you're just there to provide education. So it doesn't matter, I guess, what religions there are, you don't need to know them, that's not your responsibility. So I just wanted to mention that 'cause I am seeing some comments around that.

- I will say that, I mean, just for people's information, the major world religions support immunization, almost all of them, the only two that have traditionally had any, no medical care sort of approach to illness is the Dutch Reform Church and the Christian Scientists or Church of Christ Scientists. But that may be even changing a little bit for that one. So it's really limited, but right, we don't have to comment on that as the clinician.

- Well, I wanna thank everybody. Obviously our wonderful presenters and you all for attending. I know everybody's extremely busy. We're dealing with lots of different things, COVID included. So thank you very much. And we will have this webinar recorded as we've mentioned. And that's it. So thank you very much, everybody.