California Immunization Requirements for School

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www.sdiz.org
County of San Diego Health and Human Services Agency
Immunization Partnership
Training Objectives

At the end of this training, you will be able to:

- List the immunization requirements for schools and child care entry.
- Identify acceptable forms of personal immunization records.
- Correctly complete the California School Immunization Record (CSIR)/Blue Card.
- Create a management system for conditional entrants and exemptions.
Why Do We Need Immunizations?

- Protect children and families
- Prevent illnesses which can cause death and disability
- Protect the health of others in the community
- Good Public Health Practice
Spread of Disease – a cough, sneeze, or handshake away
VACCINE PREVENTABLE DISEASES IN SAN DIEGO COUNTY

Pertussis (Whooping Cough)

- 161 cases in San Diego County in 2012
- In 2011, California saw one of the worst epidemics in 63 years.
- AB354 implemented to prevent the spread of Pertussis

Chickenpox

- **2012**: 8 cases – hospitalized
- **2011**: 11 cases in 2 school districts
VACCINE PREVENTABLE DISEASES IN SAN DIEGO COUNTY

Measles
- **2011**: Two measles cases in San Diego County
- **2008**: First measles outbreak since 1991!
  - 12 cases in 2008
  - 71 people quarantined

Mumps
- **2012**: 1 case

Influenza
- **2012/2013**: As of January 23, 2013 we have had 12 deaths
  4 of which have been under the age of 65

Polio is still epidemic in 4 countries
Pertussis – Nearly 50% of the time, infants are infected by their parents

- Mothers 32%
- Fathers 15%
- Siblings 20%
- Grandparents 8%
- 25% Others (child-care workers, friends, etc.)
Prevention of Disease – Simple!

✓ Immunizations help prevent the spread of communicable diseases.

✓ Cover mouth (w/arm) when coughing or sneezing.

✓ Wash hands w/soap & water

✓ Avoid contact with people who are sick.
WHY CHECK IMMUNIZATION RECORDS?

- To prevent children from serious diseases like chicken pox and measles.
- To help parents keep their kids healthy and on track with their shots.
- The California School Immunization Law requires school & child care providers to enforce immunization requirements!!
CDC Recommendations vs. CA State Law Requirements

CDC Recommendations
- Change yearly
- Extensive list of immunizations ACIP recommends to stay healthy
- Based on age and high risk groups across the lifespan

CA Requirements
- Have had 2 changes since 2003: AB354 and AB2109
- Limited list of vaccines required by age (child care) or grade level (school)
# Recommended Schedule: Aged 0 through 6 years

<table>
<thead>
<tr>
<th>Age Group</th>
<th>HepB</th>
<th>RV</th>
<th>DTaP</th>
<th>Hib</th>
<th>PCV</th>
<th>IPV</th>
<th>Influenza (Yearly)*</th>
<th>MMR</th>
<th>Varicella</th>
<th>HepA$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>HepB</td>
<td>RV</td>
<td>DTaP</td>
<td>Hib</td>
<td>PCV</td>
<td>IPV</td>
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<td>MMR</td>
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<td>18 months</td>
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<td>19-23 months</td>
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<tr>
<td>2-3 years</td>
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<td>4-6 years</td>
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</tr>
</tbody>
</table>

*NOTE: If your child misses a shot, you don’t need to start over, just go back to your child’s doctor for the next shot. Talk with your child’s doctor if you have questions about vaccines.

*FOOTNOTES: Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time and for some other children in this age group.

*Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk should be vaccinated against HepA.

*If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child’s doctor about additional vaccines that he may need.

For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit [http://www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)
# Recommended Schedule
## Aged 7 through 18 years

### 2013 Recommended Immunizations for Children from 7 Through 18 Years Old

<table>
<thead>
<tr>
<th>7–10 YEARS</th>
<th>11–12 YEARS</th>
<th>13–18 YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap¹</td>
<td>Tetanus, Diphtheria, Pertussis (Tdap) Vaccine</td>
<td>Tdap</td>
</tr>
<tr>
<td>MCV4</td>
<td>Human Papillomavirus (HPV) Vaccine (Doses)²</td>
<td>HPV</td>
</tr>
<tr>
<td></td>
<td>Meningococcal Conjugate Vaccine (MCV4) Dose 1³</td>
<td>MCV4 Dose 1²</td>
</tr>
<tr>
<td></td>
<td>Influenza (yearly)⁴</td>
<td>Booster at age 16 years</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal Vaccine²</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hepatitis A (HepA) Vaccine Series*</td>
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</tr>
<tr>
<td></td>
<td>Hepatitis B (HepB) Vaccine Series</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inactivated Polio Vaccine (IPV) Series</td>
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</tr>
<tr>
<td></td>
<td>Measles, Mumps, Rubella (MMR) Vaccine Series</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Varicella Vaccine Series</td>
<td></td>
</tr>
</tbody>
</table>

These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

These shaded boxes indicate the vaccine should be given if a child is catching-up on missed vaccines.

These shaded boxes indicate the vaccine is recommended for children with certain health conditions that put them at high risk for serious diseases. Note that healthy children can get the HepA series. See vaccine-specific recommendations at [www.cdc.gov/vaccines/pubs/ACP-18.htm](http://www.cdc.gov/vaccines/pubs/ACP-18.htm).

### Footnotes

1. Tdap vaccine is a combination vaccine that is recommended at age 11 or 12 to protect against tetanus, diphtheria, and pertussis. If your child has not received any or all of the DTaP vaccine series, or if you don’t know if your child has received these shots, your child needs a single dose of Tdap when they are 7-10 years old. Talk to your child’s health care provider to find out if they need additional catch-up vaccines.

2. At age 11 or 12 years old—both girls and boys—should receive 3 doses of HPV vaccine to protect against HPV-related disease. Either HPV vaccine (Cervarix® or Gardasil®) can be given to girls and young women; only one HPV vaccine (Gardasil®) can be given to boys and young men.

3. Meningococcal conjugate vaccine (MCV4) is recommended at age 11 or 12. A booster shot is recommended at age 16. Teens who received MCV for the first time at age 13 through 15 years will need a one-time booster dose between the ages of 16 and 18 years. If your teen missed getting the vaccine altogether, ask the teen’s healthcare provider about getting it now, especially if your teenager is about to move into a college dorm or military barracks.

4. Everyone 6 months of age and older—including pregnant and teens—should get a flu vaccine every year. Children under the age of 9 years may require more than one dose. Talk to your child’s health care provider to find out if they need more than one dose.

5. A single dose of Pneumococcal Conjugate Vaccine (PCV13) is recommended for children who are 6–18 years old with certain medical conditions that place them at high risk. Talk to your healthcare provider about pneumococcal vaccine and what factors may place your child at high risk for pneumococcal disease.

6. Hepatitis A vaccination is recommended for older children with certain medical conditions that place them at high risk. HepA vaccine is licensed, safe, and effective for all children of all ages. Even if your child is not at high risk, you may decide you want your child protected against HepA. Talk to your healthcare provider about HepA vaccine and what factors may place your child at high risk for HepA.

For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit [http://www.cdc.gov/vaccines/teens](http://www.cdc.gov/vaccines/teens)
Every child must be up-to-date with their immunizations.
Tools to Help Implement the Immunization Requirements

The “Blue Book” Has helpful information & tools as well as the actual law to use as a reference

7TH Edition is most recent (July ’03) Please recycle any older editions as the information is out of date

Download from our website (www.sdiz.org)
Implementing Immunization Requirements

1. Obtain the child’s personal immunization record
   - Must identify the student by name and DOB
   - Must show the **date** each required vaccine dose was received (signatures and stamps for each vaccine are desired but not required)
   - **Acceptable records**: medical charts, out-of-state or international records, military records, other Blue Cards, etc.

2. Complete a California School Immunization Record (Blue Card)
Admitting Children without an Immunization Record – WHAT?

1. Transfer Students:
   - Allow up to 30 days for a cumulative folder from another school to reach your school

2. Students who are homeless:
   - Under the McKinney-Vento Homeless Education Act, homeless children can be admitted conditionally, up to 30 days without required immunization documentation.
Yellow Cards are best – if a parent does not have one, suggest they have their current record transcribed for future convenience.
### CAN MINEOLA START TODAY?

**Patient Immunization Report**

- **Name:** MOUSEY, MINEOLA
- **Date of Birth:** 10/13/1999
- **Medical Record #:**
- **Address:**
- **Provider:** San Diego Unified School District
- **Facility:** 0334 A-Henry High
- **Run By:** Jennifer Sterling
- **Date:** 01/22/2013

**Vaccines recommended as of:** 01/22/2013

**Hep B, Influenza, MCV4, HPV**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
<th>#</th>
<th>Site</th>
<th>MFG</th>
<th>Brand Name</th>
<th>Lot Number</th>
<th>VIS Date</th>
<th>Vaccinator</th>
<th>Other</th>
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<td>POLIO IPV</td>
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<td>1</td>
<td>LD-M</td>
<td>PMC</td>
<td>UBN12345</td>
<td>01/01/2000</td>
<td>George Clooney, MD</td>
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<td>2</td>
<td>Unknown</td>
<td></td>
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<td>00/00/0000</td>
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<td></td>
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<tr>
<td>POLIO IPV</td>
<td>10/20/2011</td>
<td>3</td>
<td>LA-SQ</td>
<td>PMC</td>
<td>UT94712</td>
<td>01/01/2000</td>
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<td>Chicken</td>
<td>Disease</td>
<td>History</td>
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<td>Td</td>
<td>06/25/2010</td>
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<tr>
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<td>Td</td>
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<tr>
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<td>Tdap</td>
<td>10/20/2011</td>
<td>4</td>
<td>LD-M</td>
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<td>07/12/2006</td>
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<td>07/28/2010</td>
<td>1</td>
<td>LA-SQ</td>
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<td>Unknown</td>
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<td>00/00/0000</td>
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<tr>
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<td>HEP B-adult</td>
<td>07/28/2010</td>
<td>1</td>
<td>RD-M</td>
<td>MVD</td>
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<td>07/12/2007</td>
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<tr>
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<td>HEP B-adult</td>
<td>10/20/2011</td>
<td>2</td>
<td>RD-M</td>
<td>SKB</td>
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<td>07/14/2007</td>
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<td>HEP A</td>
<td>HEP A-2 dose</td>
<td>07/28/2010</td>
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<td>LD-M</td>
<td>SKB</td>
<td>U84653</td>
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<td>HEP A-2 dose</td>
<td>10/20/2011</td>
<td>2</td>
<td>RD-M</td>
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<td>HA9525</td>
<td>03/21/2006</td>
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<td>HPV</td>
<td>HPV4</td>
<td>10/20/2011</td>
<td>1</td>
<td>LD-M</td>
<td>MSD</td>
<td>GARDASIL</td>
<td>14752X</td>
<td>02/01/2007</td>
<td>Manny Monez</td>
</tr>
</tbody>
</table>

**ACCEPTABLE?**

**YES!**

- Record has dates each vaccine was given
- Official form from a clinic
Can Generales start today?

<table>
<thead>
<tr>
<th>DPT</th>
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<tbody>
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</tr>
</tbody>
</table>

Record is stamped but does not show dates each vaccine was given

ACCEPTABLE?

NO!
What Can Be Done?

- **Option 1:**
  - Meet with a physician and have the PHYSICIAN recreate dates for the vaccines based on the parent’s best recollection (either at original clinic or doctor nearby)

- **Option 2:**
  - If the physician is unable to recreate dates for the vaccines, the child can be revaccinated.
Confusing Immunization Records???

Fax record to:
619-692-5677
(\textit{use a cover sheet})

- Family, friends, etc. can be used as unofficial translators
- If no one is available, suggest a bilingual physician
Completing the California School Immunization Record (blue card) – 4 steps

1. Demographic Information

2. Vaccination History

3. Documentation

4. Status of Requirements
Step 1: Demographic Information

- Parents may complete this section
  *Make sure they don’t accidentally sign the back!*

- Please answer questions in full
  - The State & County use this information to find health disparities
  - You do not have to update address/phone each time it changes
Step 2: Vaccination History

- Enter the date each shot was given based on the student’s personal immunization record – full dates should always be used (month/day/year) if not available use the 15th day of the month
- Compare doses on Blue Card to the requirements for student’s grade level
- An updated Blue Care “must” be maintained in the student’s cumulative folder.
- A electronic record can be kept instead of a hard copy only if CDPH’s Immunization Branch, has approved your system
4-Day Grace Period

- Children who have received vaccine doses up to (and including) 4 days before the recommended age or required intervals will not have to repeat those doses.
- **MMR**: must be given on or after the 1st birthday
  - ✓ Up to 4 days before the birthday is okay!

**Date of Birth: January 7, 2009**

- MMR 1: January 8, 2009 = VALID
- MMR 1: January 4, 2009 = VALID
- MMR 1: January 2, 2009 = INVALID*

*MMR must be given again
**Documenting Chickenpox Disease**

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DATE GIVEN</th>
<th>DOCTOR OFFICE OR CLINIC</th>
<th>DATE NEXT DOSE DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POLIO</strong> (OPV or IPV)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DTP/DTaP/DT/Td</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MMR</strong> (Measles, mumps, and rubella)</td>
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</tr>
<tr>
<td><strong>HIB</strong> (Required only for child care and preschool)</td>
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</tr>
<tr>
<td><strong>HEPATITIS B</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>VARICELLA</strong> (Chickenpox)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>HEPATITIS A</strong> (Not required)</td>
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<td></td>
</tr>
</tbody>
</table>

**DISEASE**

*History of disease must be documented!*

Page 5 of Blue Book
Step 3: Documentation

- **Sign & date this section**
  - It does not have to be signed by a nurse
  - It should be signed even if the child is NOT up-to-date

- **Specify** which kind of personal shot record you used to make the Blue Card
Step 4: Status of Requirements

(A) = All Requirements are met.
(B) = Currently up-to-date, but more doses are due later. Needs follow-up.

Exemption granted:
(C) Medical Reasons—Permanent
(D) Medical Reasons—Temporary
(E) Personal Beliefs
Admitting Children
“On Condition” Option (B)

- Children currently are up-to-date (next doses not yet due)
- Admitted on the condition that they will receive still-needed doses as they become due in the future.
- Staff must follow-up by:
  - Notifying parents: Notice of Immunizations Needed
  - Checking documentation that the needed immunizations were received
  - Adding the new dates to the Blue Card

Example: Started Hepatitis B series 2 weeks prior to start of school

Pages 9-11 in Blue Book
Exemptions: Option C, D, or E

- **Permanent Medical (C)**
  - Must have written documentation from doctor
  - Keep document with the Blue Card
  - Ex: Child with an allergy to a vaccine or 4-day rule violation

- **Temporary Medical (D)**
  - Must have written documentation from doctor with an end-date to exemption
  - Must get shots at end of exemption
  - Ex: Child who was sick at appointment or on an alternative vaccination schedule

- **Personal Beliefs (PBE) (E)**
  - Requires form CHDP 8262 filled out and signed by both provider and parent/guardian
  - Religious belief exemption still requires form CHDP 8262 be filled out and signed by the parent
Follow-up Systems

- Keep Blue Cards separate
  - Conditional Entrants who need follow-up
  - Kids with exemptions

Use a Calendar

Use a tickler file

Pages 12-14 of Blue Book
If Requirements Are Not Met...

NOTICE OF IMMUNIZATIONS NEEDED

Dear Parent/Guardian of: ________________________________

Our records show that your child needs the following immunization(s) to meet the requirements of the California School Immunization Law Health and Safety Code Sections 120325-120375:

<table>
<thead>
<tr>
<th>Vaccine:</th>
<th>Doses:</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLIO</td>
<td>#1 #2 #3 #4</td>
<td></td>
</tr>
<tr>
<td>DTP/DTaP/DT/Td</td>
<td>#1 #2 #3 #4 #5</td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>#1 #2</td>
<td></td>
</tr>
<tr>
<td>Hib (childcare/ preschool)</td>
<td>#1 #2 #3 #4</td>
<td></td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>#1 #2 #3</td>
<td></td>
</tr>
<tr>
<td>VARICELLA (chickenpox)</td>
<td>#1 #2</td>
<td></td>
</tr>
</tbody>
</table>

The child has 10 school days to receive the needed immunizations.
Personal Beliefs Exemption (PBE)

- To be used for deeply held philosophical beliefs
- Personal immunization record still needs to be reviewed
- Implications of Exemptions:
  - Children who are too young to be immunized or have a medical exemption are at risk
  - Un-immunized children may be excluded from school during an outbreak
  - Un-immunized children are susceptible to dangerous and sometimes deadly diseases
  - All children are at risk as “herd” immunity is compromised
New

Assembly Bills that Affect you

AB2109 – Informed Consent to Waive Vaccines
✓ Passed on 09-30-2012
✓ CHDP Form 8262 to be used as of January 1, 2014

AB354 – Tdap Requirements:
✓ Requires “ALL” students in 7th – 12th grade to have the vaccine
✓ Requires new students transferring into 7th-12th grade to show proof of Tdap at anytime
✓ Requires the use of new forms for documentation of both the vaccine and waiver
1. California is one of 20 states that allows for the broad use of the Personal Belief Exemption (PBEs)

2. The California bill will help reduce the risk of disease outbreaks by requiring parents to become informed before opting out

3. Some parents sign the exemption statement out of convenience to avoid having to bring their children up-to-date with immunizations
What is AB 2109?

1. The bill requires **standardized form (CHDP 8262)** be signed by both the provider and the parent, verifying that the parent has been informed.

2. In lieu of the standardized form, a parent/guardian **AND** provider may write and sign letters verifying that they received/provided the above information.

3. This bill doesn’t take away a parent’s right to exempt [his or her child from] immunizations.
CHDP FORM 8262

**Authorized Health Care Practitioner**

**Parent or Guardian Signature**

**Affidavit** – What vaccines are being exempted
Why do we need AB2109

![Graph showing the percentage of children with PBE from 2001 to 2012 for CA and SD. The graph indicates an increasing trend in both regions over the years.]

Personal Belief Exemptions (PBE) Tdap Entrance Assessment, 2011*-13

2013: 39,260 7th grade students in San Diego County. 1,368 students with PBE status.
2012: 40,244 7th grade students in San Diego County. 1,381 students with PBE status.
2011 rate including 7-12 grades
Exemptions can impact communities greatly

- Exemption can impact children who didn’t respond to the vaccines they received—no vaccine is 100% effective.

- Exemption can impact children with medical risks - breaking the chain of herd immunity.

- Exemption can impact children too young to receive vaccines – germs get through the broken chain from unimmunized children.
The Bill has was passed and signed into law on 09/30/2012. The wording within the law states that it will take affect:

January 1, 2014
Required Annual Reporting

**Annual Assessments**
- Completed each fall
- Child care centers (ages 2 – 5 years)
- No infant reports
- Submitted to County of San Diego Immunization Branch on or before **October 15**

**Selective Review**
- Spring review of child care blue cards (every other year)
- Collect information from Blue Cards to compare to fall report
- Provide technical assistance
Disease Reporting

- School personnel are State-mandated to report cases of infectious diseases in schools.
  
  ✓ *List of diseases you must report to local health department under State guidelines*

- **Varicella** (chickenpox): 5 cases in one facility is reportable

Page D-74 in Blue Book
Vaccines Recommended for Teens

- **Tdap** is a one-dose booster – New Requirement AB 354
  - Needed to decrease transmission of whooping cough from adults to children (important for care providers)

- **HPV** is a three-dose series (*Complete the whole series*)
  - Protects against 4 strains most commonly responsible for cervical cancer

- **Meningococcal** is a one-dose vaccine with a booster @ 16 years
  - Protects teens against meningitis which is rare but often deadly
Vaccines Recommended for Adults

- **Zoster** one-dose for shingles
  - Recommended for adults over 60

- **Pneumococcal (PPSV)** one dose vaccine
  - Recommended for adults over 65
FLU SHOT RECOMMENDED YEARLY

Universal Recommendation for –

✓ Anyone 6 months of age or older
✓ Kids under 9 years getting the flu shot for the first time should have 2 doses
✓ Child care and school staff need it, too!

www.sdiz.org
Questions & Answers

1. Can a School District accept a sign medical waiver from a doctor outside of the United States?
   No

2. Can a 8th grader start in a new school without documentation of a Tdap?
   No

3. Can a School allow a student who has had Pertussis disease start in 7th grade without documentation of the vaccine?
   No - Past illness with pertussis is not an exemption to the law
Immunization Resources You Can Use

- San Diego Immunization Branch [www.sdiz.org](http://www.sdiz.org)
- Shots for School [www.shotsforschool.org](http://www.shotsforschool.org)
- California Immunization Coalition [www.ImmunizeCa.org](http://www.ImmunizeCa.org)
- Centers for Disease Control and Prevention [www.cdc.gov/vaccines/](http://www.cdc.gov/vaccines/)
- American Academy of Pediatrics [www.aap.org](http://www.aap.org)
- Institute for Vaccine Safety [www.vaccinesafety.edu](http://www.vaccinesafety.edu)
- National Network for Immunization Information (NNii) [www.immunizationinfo.org](http://www.immunizationinfo.org)
Contact Information

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THANK YOU for what you do to protect our children, families, and community from disease!