Overview

• **Background: Community Immunity**

• **ACIP Recommendations**
  - Pertussis and Tdap
  - Measles and Vaccine Recommendations

• **WHO and CDC recommendations: Poliovirus vaccine and travel to specific areas**

• **New Personal Beliefs Exemption Law (AB 2109) in effect since January 1, 2014**
**Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – 2013.**

*(For those who fall behind or start late, see the catch-up schedule [Figure 2].)*

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are in bold.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>9 mos</th>
<th>12 mos</th>
<th>15 mos</th>
<th>18 mos</th>
<th>19-23 mos</th>
<th>2-3 yrs</th>
<th>4-6 yrs</th>
<th>7-10 yrs</th>
<th>11-12 yrs</th>
<th>13-15 yrs</th>
<th>16-18 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HepB)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>See footnote 2</td>
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<tr>
<td>Rotavirus (RV)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>See footnote 2</td>
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<tr>
<td>Diphtheria, tetanus, &amp; acellular pertussis* (DTaP; 6 yrs)</td>
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<tr>
<td>Tetanus, diphtheria, &amp; acellular pertussis* (Tdap; 12 yrs)</td>
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<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>See footnote 5</td>
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<td>Pneumococcal conjugate* (PCV13)</td>
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<td>Pneumococcal polysaccharide* (PPSV23)</td>
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<td>Inactivated Poliovirus (IPV)</td>
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<td>Inactivated Poliovirus (IPV)</td>
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<tr>
<td>Measles, mumps, rubella* (MMR)</td>
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<tr>
<td>Varicella* (VAC)</td>
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<tr>
<td>Hepatitis A (HepA)</td>
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<tr>
<td>Human papillomavirus* (HPV2; females only; HPV4: males and females)</td>
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<tr>
<td>Meningococcal* (HibMenCY; 6 weeks; MCV4-2, 4 mos; MCV4-CRM; &gt;2 yrs)</td>
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</tbody>
</table>

**Annual vaccination (IV only)**

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**Annual vaccination (IV or LAV)**

| | | | | | | | | | | | | | | | | |
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This schedule includes recommendations in effect as of January 1, 2013. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at [http://www.cdc.gov/vaccines/pubs/acip-list.htm](http://www.cdc.gov/vaccines/pubs/acip-list.htm). Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online ([http://www.vaers.hhs.gov](http://www.vaers.hhs.gov)) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online ([http://www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)) or by telephone (800-CDC-INFO [800-232-4636]).


**NOTE:** The above recommendations must be read along with the footnotes of this schedule.
Community Immunity
Community Immunity

- Not immunized but still healthy
- Immunized and healthy
- Not immunized, sick, and contagious

- No one is immunized.
- Contagious disease spreads through the population.

- Some of the population gets immunized.
- Contagious disease spreads through some of the population.

- Most of the population gets immunized.
- Spread of contagious disease is contained.
### Herd Immunity Threshold (H)

Approx. proportion needed to stop transmission

<table>
<thead>
<tr>
<th>Disease</th>
<th>Threshold (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pertussis</td>
<td>92-94%</td>
</tr>
<tr>
<td>Measles</td>
<td>92-94%</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>83-85%</td>
</tr>
<tr>
<td>Smallpox</td>
<td>80-85%</td>
</tr>
<tr>
<td>Influenza</td>
<td>30-75%</td>
</tr>
</tbody>
</table>

Adapted from Table 71-2. Fine PEM, Mulholland K Chapter 71 in Plotkin S et al. *Vaccines*, 6th Edition 2013; p 1399
Pertussis
Background: Pertussis

- Acute respiratory infection caused by the *Bordetella pertussis*, gram-negative coccobacillus
- Classic pertussis: 3 phases
  - Catarrhal phase (1-2 weeks) - runny nose, intermittent cough; high fever is uncommon
  - Paroxysmal phase (4-6 weeks) - spasmodic cough, posttussive vomiting, and inspiratory whoop
  - Convalescent phase (2-6 weeks, can last months) - symptoms slowly improve
- Complications: hypoxia, pneumonia, weight loss, seizures, encephalopathy, and death
- Infants < 12 months are more likely to have complications from pertussis, particularly those 2 months or younger
Pertussis Cases

- Over 2600 cases of pertussis occurring in the first five months of 2014 have been reported to CDPH.
  - More cases then had been reported in all of 2013
  - At least 104 hospitalizations and 1 death (2 month old) reported
- Cyclical peaks in incidence occur every 3-5 years
  - Last peak in 2010 with over 9100 cases reported to CDPH
  - U.S. had 41,880 pertussis cases and 14 infant deaths reported in 2012.
Pertussis cases by month of onset -- California, 2009-2014*

*Reported to CDPH as of 5/27/2014
Pertussis cases in children and adolescents aged 0-18 years, by vaccine history -- California, 2010*

*As of 10/5/2010

0 50 100 150 200 250 300 350 400
age (years)

cases

DTaP
Tdap
Unk vaccine history
6 doses
5 doses
1-4 doses
0 doses

*As of 10/5/2010
Waning Immunity

• Immunity from pertussis disease is not lifelong and wanes over time
• Recent data suggests that immunity in those who received only acellular pertussis vaccines is high immediately after vaccination but wanes more quickly than in persons who received whole cell pertussis vaccines
  - Acellular pertussis vaccines were recommended to replace the whole cell pertussis vaccines for the 4th and 5th doses in 1992 and was recommended to replace all doses in 1997
Figure 4. Pertussis rates by age and race/ethnicity -- California, 2013

*Reported to CDPH as of 5/12/2014
Pertussis Control Goals

• **Prevention of severe disease and deaths in infants**
  - Infants less than 6 months of age are most likely to be hospitalized
  - Infants less than 3 months of age are most likely to die from pertussis infection

• **STRATEGY:** Immunize pregnant women during each pregnancy. Optimal timing is between 27 and 36 weeks gestation.
  - Make sure to immunize with DTaP on-time (routinely recommended at 2 months of age)
  - Immunization as early as 6 weeks can be important especially in infants whose mothers did not receive Tdap during the 3rd trimester
ACIP Recommendation: Tdap with Each Pregnancy

February 2013
## Reported pertussis-related deaths by age-groups, U.S., 1980-2009

<table>
<thead>
<tr>
<th>Age-group</th>
<th>1980-1989(^1)</th>
<th>1990-1999(^1)</th>
<th>2000-2009(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 month</td>
<td>38</td>
<td>68</td>
<td>152</td>
</tr>
<tr>
<td>2-3 month</td>
<td>11</td>
<td>16</td>
<td>23</td>
</tr>
<tr>
<td>4-5 month</td>
<td>5</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>6-11 month</td>
<td>7</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>1-4 years</td>
<td>13</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>5-10 years</td>
<td>1</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>11-18 years</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>&gt;18 years</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>77(^*)</strong></td>
<td><strong>103</strong></td>
<td><strong>194</strong></td>
</tr>
</tbody>
</table>

\(^*\) Includes one case with unknown age


\(^2\) National Notifiable Diseases Surveillance System, CDC, 2009
2013 ACIP Update: Tdap with Each Pregnancy

• Goal:
  ▪ To reduce the burden of pertussis in infants who are most vulnerable
Background: Tdap with Each Pregnancy

- After receipt of Tdap, a minimum of 2 weeks is required to mount a maximal immune response to the vaccine antigens.
- Data indicate that maternal antipertussis antibodies are short-lived; therefore, Tdap vaccination in one pregnancy will not provide high levels of antibodies to protect newborns in subsequent pregnancies.

[http://www.cdc.gov/mmwr/pdf/wk/mm6207.pdf](http://www.cdc.gov/mmwr/pdf/wk/mm6207.pdf)
Optimal Timing of Tdap: Third Trimester

- Active transport of maternal IgG to the fetus via the placenta does not substantially take place before 30 weeks of gestation.
- Therefore, to optimize transport of antipertussis antibodies from mother to infant, ACIP recommends vaccination during the third trimester.
- This recommendation was made to increase the likelihood of optimal protection for the pregnant woman and her infant during the first few months of the infant’s life, when the child is too young for vaccination but at the highest risk for severe illness and death.

http://www.cdc.gov/mmwr/pdf/wk/mm6207.pdf
ACIP Recommendation

- Tdap should be administered during each pregnancy, irrespective of the patient’s prior history of receiving Tdap.
- To maximize maternal antibody response and passive antibody transfer to the infant, optimal timing for Tdap administration is between 27 and 36 weeks gestation.

http://www.cdc.gov/mmwr/pdf/wk/mm6207.pdf
Cocooning

• For women not previously vaccinated with Tdap, if Tdap is not administered during pregnancy, Tdap should be administered immediately postpartum.

• ACIP continues to recommend that adolescents and adults (e.g., parents, siblings, grandparents, child care providers, HCP) who have or anticipate having close contact with an infant aged <12 months should receive a single dose of Tdap to protect against pertussis if they have not received Tdap previously.

• It is anticipated that ACIP will discuss its revaccination recommendations for high-risk populations at its upcoming meeting(s).

http://www.cdc.gov/mmwr/pdf/wk/mm6207.pdf
Urgent Call to Action: Increase Tdap Administration During Third Trimester of Pregnancy

- October 2011: ACIP recommended that unvaccinated pregnant women receive a dose of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap)
- October 2012: ACIP recommended use of Tdap during the 3rd trimester of every pregnancy, even if the mother has received Tdap in the past
- ACOG and AAFP also recommend Tdap during the 3rd trimester of each pregnancy, even if the mother has received Tdap in the past
Pertussis Resources

- Dozens of electronic, print, audio and video resources for various audiences available at www.eziz.org/pertussis-promo-materials
- Pertussis Notification Template Letter for Daycares and Schools also on EZIZ.org
Measles
Measles Disease

• Presentation: High fever, the 3 “Cs”—cough, coryza, conjunctivitis—and a characteristic Koplik spots and maculopapular rash starting on the face and upper neck and spreading to extremities

• Consider diagnosis in differential of a febrile rash illness, especially among unvaccinated people who travel abroad or who have come into contact with people who have measles
  ▪ Highly infectious—isolated immediately and vaccination recommended for close contacts without evidence of measles immunity
### Measles Complications Reported in 30% of Cases*

<table>
<thead>
<tr>
<th>Complication</th>
<th>Percent Reported</th>
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</thead>
<tbody>
<tr>
<td>Diarrhea</td>
<td>8%</td>
</tr>
<tr>
<td>Otitis Media</td>
<td>7%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>6%</td>
</tr>
<tr>
<td>Seizures</td>
<td>0.6-0.7%</td>
</tr>
<tr>
<td>Encephalitis</td>
<td>0.1%</td>
</tr>
<tr>
<td>Death</td>
<td>0.2%</td>
</tr>
<tr>
<td>Subacute Sclerosing Panencephalitis (delayed onset)</td>
<td>5-10 cases/million</td>
</tr>
</tbody>
</table>

*More common in children < 5 years and adults >20 years
Background: Measles

- Declared eliminated from the U.S. in 2000
  - Elimination = lack of endemic transmission
  - Measles cases however have continued to occur each year in the U.S. primarily from importations from other countries
# Measles in California – 2000 to 2013*

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases (n)</th>
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<tbody>
<tr>
<td>2000</td>
<td>19</td>
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<tr>
<td>2001</td>
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<td>2010</td>
<td>27</td>
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<td>2011</td>
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<tr>
<td>2012</td>
<td>8</td>
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<tr>
<td>2013</td>
<td>18</td>
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</table>

*As of May 23, 2014, 60 measles cases were reported to CDPH.
U.S. Measles Cases

• As of May 23, 2014, a total of 288 cases were reported to the CDC
  ▪ 90% in unvaccinated persons or those with unknown vaccination status

Fever and Rash? ....... Consider Measles

Measles cases continue to be identified in California in returning international travelers. Measles is highly contagious. Please protect patients, visitors, and staff!

Keep an eye out for measles symptoms:

Suspect measles in patients with:
- fever and rash
- history of international travel or contact with international visitors in the prior 3 weeks.

Note: A history of 2 doses of MMR vaccine does not exclude a measles diagnosis.

Prodrome
- Mild to moderate fever
- Cough
- Coryza
- Conjunctivitis

Rash onset
- Fever spikes, often as high as 104° to 105° F
- Red, maculopapular rash that may become confluent—typically starts at hairline, then face, and spreads rapidly down body
- Koplik’s spots (tiny blue/white spots on the bright red background of the buccal mucosa) may be present
Measles, Mumps, and Rubella Vaccine

- Routine vaccination: 2 dose series
- Live virus vaccine
- Administered subcutaneously
  - 1st dose: 12 through 15 months
  - 2nd dose: 4 through 6 years
  - Minimum interval of 4 weeks between doses

- Ensure all school-aged children and adolescents have had 2 doses of MMR vaccine.

Health Care Personnel Evidence of Immunity

- Documentation of vaccination with 2 doses of measles virus-containing vaccine
- Laboratory evidence of immunity
- Laboratory confirmation of disease
- Born before 1957
  - For unvaccinated personnel born before 1957 who lack laboratory evidence of measles, rubella, or mumps immunity or lab confirmation of disease, health care facilities should consider vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval
Measles Vaccine

- **MMR (measles, mumps and rubella vaccine)** only available presentation in the U.S.
- Measles vaccine licensed in the U.S. in 1963
- Combination MMR vaccine licensed in 1971

**Measles Effectiveness Estimates**
- 1 dose: ~93 - 95%
- 2 doses: ~97 - >99%
Why are there cases who were vaccinated?

1000 Exposed
90% coverage

900 Vaccinated
97-99% VE*

9-27 cases vaccinated

100 Unvaccinated
90% attack rate

90 cases unvaccinated

9-23% cases vaccinated

MMWR
Global Burden of Disease

- More than 20 million people are affected by measles each year globally
- In 2012, there were 122,000 measles deaths

http://www.who.int/immunization/diseases/measles/en/
Number of Reported Measles Cases with onset date from Oct 2013 to Mar 2014 (6M period)

Data source: surveillance DEF file
Data in HQ as of 5 May 2014

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not be full agreement. ©WHO 2014. All rights reserved.
MMR Recommendations for International Travelers

• One dose of MMR vaccine to infants aged 6 through 11 months before departure for international travel
  ▪ These children should still receive two doses administered on or after 12 months

• Two MMR doses for children ages 12 months and older before departure
  ▪ 2nd dose at least 4 weeks after 1st dose

• Adolescents and adults* should have either:
  ▪ Documentation of laboratory evidence of immunity
  ▪ Prior laboratory confirmation of disease
  ▪ Documentation of 2 MMR doses separated by at least 28 days

*Who were born during or after 1957
WHO and CDC Guidance for Poliovirus Immunization
New WHO Polio Vaccination Requirements for Travel

- CDC Health Advisory released June 2, 2014
- WHO declared the international spread of polio to be a public health emergency of international concern
- Clinicians should be aware of possible new vaccination requirements for patients planning travel for greater than 4 weeks to countries with ongoing poliovirus transmission
- High transmission season for polio transmission is considered May through November/December

CDC Guidance

- CDC routinely recommends that anyone planning travel to a polio-affected country be fully vaccinated against polio and that, in addition, adults should receive a one-time booster dose of polio vaccine.

- Due to the new declaration, anyone staying in any of the polio-affected countries for more than 4 weeks may be required to have a polio booster shot within 4 weeks to twelve months prior to departure from that country.

- Either OPV or IPV may be used but only IPV is currently available in the U.S.

- Travelers working in health care settings, refugee camps, or other humanitarian aid settings in these countries may be at particular risk.
Cameroon, Pakistan, Syria

- Cameroon, Pakistan, Syria were specifically designated as “exporting wild poliovirus” and were asked to ensure that all residents and long-term visitors (of more than 4 weeks) receive an additional dose of polio vaccine between 4 weeks and 12 months prior to any international travel and have the dose documented.
  - CDC has not seen documentation from any of these 3 countries specifying how these new requirements will be implemented
Afghanistan, Equatorial Guinea, Ethiopia, Iraq, Israel, Somalia, and Nigeria

- Afghanistan, Equatorial Guinea, Ethiopia, Iraq, Israel, Somalia, and Nigeria have ongoing poliovirus transmission but have not exported wild poliovirus to another country in the past 6 months.

- These governments are encouraged to ensure that residents and long-term visitors receive an additional dose of polio vaccine 4 weeks to 12 months prior to each international journey.
CDC Guidance and Recommendations

• Specific recommendations by country subject to update at any time based on current conditions in that country. More specific guidance for country may also be issued. For more information, see:

• http://wwwnc.cdc.gov/travel/page/clinician-information-center
• http://www.cdc.gov/travel (by country)
New Law Regarding California’s Personal Beliefs Exemption (AB 2109) for Required Immunizations for School and Child Care
Permitted Exemptions

- **Medical Exemptions**
  - Require documentation from licensed physician

- **Personal Beliefs Exemption**
  - Process modified by Assembly Bill 2109

- Unimmunized children may be excluded from school or child care for days or weeks when exposed to diseases
New law changing the process to obtain a PBE went into effect on January 1, 2014
### AB 2109 Documentation

**Personal Belief Exemptions Form**

CDPH 8262

- Available in English and Spanish
- Also in Chinese, Arabic, Armenian, Farsi, Russian, Cambodian, Hmong, Vietnamese, Tagalog, Korean
- www.shotsforschool.org

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**Table of Required Immunizations – Check box(es) to request exemption.**

<table>
<thead>
<tr>
<th>School Category</th>
<th>Immunizations required (check box(es) to request exemption)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Only</td>
<td>Measles, Mumps, Rubella, Varicella (Chickenpox)</td>
</tr>
<tr>
<td>Child Care and K-12th Grade</td>
<td>Measles, Mumps, Rubella, Varicella (Chickenpox), DTP (Diphtheria, Tetanus, Pertussis)</td>
</tr>
<tr>
<td>7th Grade Advanced (or admission at 7-71/2 Grade)</td>
<td>Polio, Diphtheria, Tetanus, Pertussis (whooping cough)</td>
</tr>
</tbody>
</table>

---

*The California Department of Public Health allows school districts to provide personalized health care. Personal information is not disclosed except as necessary to comply with the Uniform Information Act (California Government Code Section 6250 et seq.).*
**Immunizations Required in California Schools and Child Care**

<table>
<thead>
<tr>
<th><em><em>Child Care</em> Only</em>*</th>
<th>□ <em>Haemophilus influenzae type b</em> (Hib meningitis)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><em>Child Care</em> and K-12th Grade</em>*</td>
<td>□ <em>DTaP</em> (Diphtheria, Tetanus, Pertussis [whooping cough]) □ <em>Hepatitis B</em></td>
</tr>
<tr>
<td></td>
<td>□ <em>MMR</em> (Measles, Mumps, Rubella) □ <em>Polio</em> □ <em>Varicella</em> (Chickenpox)</td>
</tr>
<tr>
<td><strong>7th Grade Advancement (or admission at 7-12th Grade)</strong></td>
<td>□ <em>Tdap</em> (Tetanus, reduced Diphtheria, Pertussis [whooping cough])</td>
</tr>
</tbody>
</table>

* ‘Child care’ includes: child care centers, day nurseries, nursery schools, family day care homes, and development centers
Checkpoints for Required Immunizations and Exemptions

- **When admitted to:**
  - Child Care
  - Kindergarten
  - 7th Grade
- **When transferring into California school or child care from outside of California**
  - Any grade level if 17 years of age or younger
- **When first subject to the immunization requirement**
Immunization and Exemption Documentation May Not Be Needed...

- When continuing at same school
- If transferring within California AND not starting kindergarten or 7th grade
  - then documentation of immunizations and exemptions is usually transferred from previous California school to new California school
  - Before kindergarten, records for young children are often not transferred between child care settings.
- Depending on a child’s grade or age, future requirements and documentation may be needed.
Steps for Obtaining an Exemption Based on Personal Beliefs

1. Sharing information
2. Practitioner documentation
3. Parent or guardian documentation
4. School files completed documentation
Authorized Health Care Practitioners for Sharing Information

Must be licensed or credentialed in California

- Physician: M.D. or D.O.
- Nurse practitioner
- Physician assistant
- Naturopathic doctor authorized to furnish or order drugs under a physician and surgeon’s supervision
- Credentialed school nurse
Required Information

Needs to include

- The benefits and risks of the required immunization
- The health risks to the child and community of the diseases prevented by the required immunization
- Examples of materials posted at www.ShotsForSchool.org
- Federal law requires health care staff to provide Vaccine Information Statements before routine immunizations are administered.
Steps for Obtaining an Exemption Based on Personal Beliefs

1. Sharing information
2. Practitioner documentation
3. Parent or guardian documentation
4. School files completed documentation
Documentation

Personal Beliefs Exemption Form

Immunization Record
Practitioner Documentation

A. AUTHORIZED HEALTH CARE PRACTITIONER LICENSED IN CALIFORNIA – FILL OUT THIS SECTION

I am a (check one): ☐ M.D./D.O. ☐ Nurse Practitioner ☐ Physician Assistant ☐ Naturopathic Doctor ☐ Credentialed School Nurse

Provision of information: I have provided the parent or guardian of the student named above, the adult who has assumed responsibility for the care and custody of the student, or the student if an emancipated minor, with information regarding 1) the benefits and risks of immunization and 2) the health risks to the student and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).

Signature of authorized health care practitioner

<table>
<thead>
<tr>
<th>Practitioner name, address, telephone number</th>
</tr>
</thead>
</table>

Date - within 6 months before entry to child care or school
Steps for Obtaining an Exemption Based on Personal Beliefs

1. Sharing information
2. Practitioner documentation
3. Parent or guardian documentation
4. School files completed documentation
**Parent or Guardian Documentation**

<table>
<thead>
<tr>
<th>STUDENT NAME (LAST, FIRST, MIDDLE)</th>
<th>GENDER</th>
<th>BIRTHDATE</th>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARENT/GUARDIAN – NAME</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDRESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Parent or Guardian Documentation

B. PARENT OR GUARDIAN – FILL OUT THESE SECTIONS

I. Check one of the boxes below:

☐ Receipt of information: I have received information provided by an authorized health care practitioner regarding 1) the benefits and risks of immunization and 2) the health risks to the student named above and to the community of the communicable diseases for which immunization is required in California (Immunizations listed in Table below).

☐ Religious beliefs: I am a member of a religion which prohibits me from seeking medical advice or treatment from authorized health care practitioners. (Signature of a health care practitioner not required in Part A.)

Signature of parent or guardian ___________________________ Date - within 6 months before entry to child care or school ___________________________

II. AFFIDAVIT

Immunizations already received: I have provided the child care or school with a record of all immunizations the student has received that are required for admission (California Health and Safety Code §120365).

Immunizations for which exemption is requested: An unimmunized student and the student’s contacts at school and home are at greater risk of becoming ill with a vaccine-preventable disease. I understand that an unimmunized student may be excluded from attending school or child care during an outbreak of, or after exposure to, any of these diseases for the protection of the student and others (17 CCR §6060). I hereby request exemption of the student named above from the required immunizations checked below because such immunization is contrary to my beliefs.

<table>
<thead>
<tr>
<th>School Category</th>
<th>Table of Required Immunizations – Check box(es) to request exemption.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Only</td>
<td>☐ Haemophilus Influenzae type b (Hib meningitis)</td>
</tr>
<tr>
<td>Child Care and K-12th Grade</td>
<td>☐ DTaP (Diphtheria, Tetanus, Pertussis [whooping cough]) ☐ Hepatitis B</td>
</tr>
<tr>
<td></td>
<td>☐ MMR (Measles, Mumps, Rubella) ☐ Polio ☐ Varicella (Chickenpox)</td>
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<td>7th Grade Advancement (or admission at 7-12th Grade)</td>
<td>☐ Tdap (Tetanus, reduced Diphtheria, Pertussis [whooping cough])</td>
</tr>
</tbody>
</table>

Signature of parent or guardian ___________________________ Date ___________________________

California Department of Public Health, Immunization Branch
Exemptions for Religious Beliefs

Families whose religion does not permit medical advice or treatment from a health care practitioner...

• May check the box on Section B of the standard exemption form to indicate their religious beliefs.
• Signature of an authorized practitioner not required.
• Must still fill out Section B. II. or provide an affidavit or letter requesting a personal beliefs exemption from specific required immunizations.
Steps for Obtaining an Exemption Based on Personal Beliefs

1. Sharing information
2. Practitioner documentation
3. Parent or guardian documentation
4. School files completed documentation
Records Complete?

✔ Child’s identification information

✔ Authorized health care practitioner attests to providing required information (Section A)
  ✔ Attestation signed and dated within 6 months before the first day of attendance
Records Complete?

- Parent or guardian
  - Documents receiving required information (Section B.I)
    - Requested a religious exemption?
      - If so, health care practitioner signature is not necessary
  - Signed and dated within 6 months before first day of attendance (Section B.I)
  - Provides a signed affidavit or letter requesting an exemption on basis of personal beliefs (Section B.II)
  - Indicates vaccines included in the exemption (Section B.II)
  - Provides a record of which immunization doses the child has already received (and for which an exemption is not needed)
Filing and Reporting

• Completed documentation filed at school
  • Completed Blue Card (PM286) for each student
  • Completed Tdap Sticker (PM 286 S) for each student at 7th grade or above

• Each fall all child care centers and schools with kindergarten or 7th grade classes report a brief summary of the immunization and exemption status of their students
  ▪ Instructions and reporting at [www.ShotsForSchool.org](http://www.ShotsForSchool.org)
New Blue Card (PM 286)

• Used for school and child care recordkeeping of required immunizations
• Should no longer be used to request a personal beliefs exemption
• An updated version of the Blue Card that no longer contains the immunization exemption section is now available for schools and child care facilities
• Schools and child care facilities may continue using the older version of the Blue Card but page 2 should no longer be used to request a new personal beliefs exemption (since 1/1/2014)
Questions?

1) Check FAQs and other materials at [www.ShotsForSchool.org](http://www.ShotsForSchool.org)

2) Contact your local health department

3) Email your questions and suggestions to [info@shotsforschool.org](mailto:info@shotsforschool.org)
Shotbyshot.org

• Is a collection of stories from people who have been touched by vaccine-preventable diseases…real-life stories, told by survivors, family members, friends, and health care providers…stories touch us, educate us, and remind us of the value of prevention.
Pertussis: Gavin’s Story

http://shotbyshot.org/pertussis/gavins-story/
Measles: Rachel’s Story

- http://shotbyshot.org/featured/rachels-story/
Measles: Dr. Swartzberg’s Story

Resources

• California
  ▪ Provider resources http://www.eziz.org
  ▪ CDPH Immunization Branch http://www.getimmunizedca.org
  ▪ California School Immunization Law http://www.shotsforschool.org
  ▪ California Immunization Coalition: http://www.immunizeca.org

• National
  ▪ CDC http://www.cdc.gov/vaccines
  ▪ Immunization Action Coalition http://www.immunize.org
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