Immunization Requirements for School Entry - Ohio

Kindergarten through 12th Grade 2018 - 2019

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This information will help your school better understand...

- ✓ Immunization entry requirements in Ohio schools
- School immunization summary reports required by the Ohio Revised Code (ORC)
- School immunization requirements for 2018 and 2019 and recommended immunization schedules



Topics to be discussed

- 1. Why are school immunization requirements needed?
- 2. What are Ohio's school immunization requirements?
- 3. How is your school required to report immunization levels?
- 4. What are the Fall 2019 requirements?
- 5. Where can you find helpful resources?



- 1. School immunization requirements assure children are protected against vaccine-preventable diseases
 - Ohio schools first required smallpox vaccine in 1872
 - In 1959, Ohio added a detailed requirement for smallpox, polio and DTP vaccines





- 2. Severe negative health effects can be prevented in children when vaccines are used effectively
 - Paralysis from polio disease is prevented
 - Swelling of the brain and death from measles disease is prevented
 - Pneumonia and death from pertussis disease is prevented



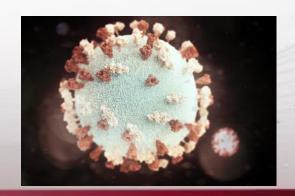
3. Some vaccine preventable diseases continue to circulate among susceptible children and adults



Mumps Outbreaks Continue

In 2014, several outbreaks affiliated with universities were reported from multiple states, including one community outbreak in Ohio linked to a university that involved over 400 people, and an outbreak affecting the National Hockey League

Source: CDC





4. Schools with lower rates of immunization compliance are more susceptible to outbreaks of vaccine-preventable diseases





Kindergarten Vaccination Coverage United States & Ohio 2017-2018 School Year





What are Ohio's school immunization requirements?



Ohio School Immunization Requirements

Found in two Ohio Revised Code (ORC) sections under Title 33: Education – Libraries

- Section 3313.67
- Section 3313.671



ORC 3313.67 Immunization of Pupils

"(A)(1)...the board of education of each city, exempted village, or local school district may make and enforce rules to secure the immunization of, and to prevent the spread of communicable diseases among the pupils attending or eligible to attend... as in its opinion the safety and interest of the public require."

"(A)(2) A board of education shall not adopt rules under division (A)(1) of this section that are inconsistent with... section 3313.671 of the Revised Code."



ORC 3313.67 Immunization Record & Summary

"(C) The board of education shall keep an immunization record for each pupil, available in writing to the pupil's parent or guardian upon request."

"(D) Annually by the fifteenth day of October, the board shall report a summary, by school, of the immunization records of all initial entry pupils in the district to the director of health, on forms prescribed by the director."



ORC 3313.671 Proof of Required Immunizations

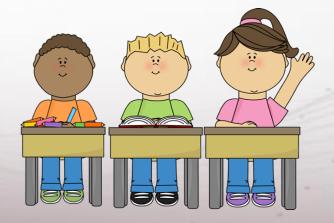
"(A)(1) ...no pupil, at the time of initial entry or at the beginning of each school year... for which the state board of education prescribes minimum standards... shall be permitted to remain in school for more than fourteen days, unless the pupil...has been immunized by a method of immunization approved by the department of health..."



ORC 3313.671 Proof of Required Immunizations

Students are to be fully immunized against the following diseases:

- Diphtheria, Tetanus, and Pertussis
- Polio
- Measles, Mumps, Rubella
- Hepatitis B
- Varicella (Chickenpox)
- Meningococcal (A, C, W, Y)





A student is not compliant with ORC 3313.671 after 15 days if:

- ✓ An immunization record is not on file
- ✓ The student is not up-to-date and has no exemptions
- ✓ The student is not "in process" of obtaining the minimum number of doses



A student is considered in-process with ORC 3313.671 after 15 days if:

- ✓ The student has to wait the minimum spacing for a second dose of a vaccine against measles, mumps, rubella (MMR), varicella (chickenpox) or meningococcal disease.
- ✓ The student received a dose of vaccine for a series of DTaP, polio and/or hepatitis B, and now has to wait the required minimum spacing for another dose of DTaP/DT, polio and/or hepatitis B.



Where can I find the minimum spacing between doses for students in-process?

The Advisory Committee on Immunization Practices (ACIP) schedule provides recommended ages, minimum ages, recommended intervals and minimum intervals

			Children age 4 months through 6 years		
	Minimum		Minimum Interval Between Doses		
Vaccine	Age for	Dose 1 to Dose 2	Dose 3 to Dose 4	Dose 4 to Dose	
	Dose 1	Dose I to Dose 2	Dose 2 to Dose 3 8 weeks <i>and</i> at least 16 weeks after first dose.	Dose 3 to Dose 4	Dose 4 to Dose
Hepatitis B [†]	Birth	4 weeks	Minimum age for the final dose is 24 weeks.		
Rotavirus ²	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 weeks ² Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis ³	6 weeks	4 weeks	4 weeks	6 months	6 months ²
Haemophilus influenzae type b ⁴	6 weeks	4 weeks If first dose was administered before the 1" birthday. 8 weeks (as final dose) If first dose was administered at age 12 through 14 months. No further doses needed if first dose was administered at age 15 months or older.	4 weeks ⁴ (a ruents age is younger than 12 months and first dose was administered at younger than age 7 months, and at least previous dose was PRPY (Actifits, Penticer, Heberd) or unknown. 8 weeks and gar 12 through 59 months is final dose! 9 months, age is younger than 12 months and first dose was administered at age 7 through 11 months and first dose was administered before the 1° birthday, and second dose administered at younger than 15 months. 18 to the dose were PRP-OMP (Perhast RE, Commac) and were administered before the 1° birthday. 19 forth doses were PRP-OMP (Perhast RE, Commac) and were administered before the 1° birthday. 10 for further doses moded if previous dose was administered at age 15 months or older.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1° birthday.	
Pneumococçal conjugate ^s	A weeks if first dose administered before the 1° birthday. Praeumococcal conjugate of 6 weeks weeks (as final dose for healthy children) if first dose was administered at the 1° birthday or after. No further doses needed for healthy children if first dose was considered for healthy children if first dose was administered at the 1° birthday.		4 weeks If current age is younger than 12 months and previous dose given at <7 months old. 8 weeks it is final dose for healthy children) If grevious dose given between 7-11 months (wait until at least 12 months old); If current age is 12 months or older and teleast dose was given before age 12 months. No further doses needed for healthy children if previous dose administered at age 24 months or older.	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus ⁶	6 weeks	4 weeks ⁶	4 weeks ⁶ if current age is < 4 years 6 months (as final dose) if current age is 4 years or older	6 months ⁶ (minimum age 4 years for final dose).	
Aeasles, mumps, rubella ⁸	12 months	4 weeks			
Varicella ⁹	12 months	3 months			
Hepatitis A ¹⁰	12 months	6 months			
Meningococcal ^{††} (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	6 weeks	8 weeks ¹¹	See footnote 11	See footnote 11	
			Children and adolescents age 7 through 18 years		
Meningococcal ¹⁷ (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	Not Applicable (N/A)	8 weeks ¹¹			
etanus, diphtheria; etanus, diphtheria; cellular pertussis	7 years ¹³	4 weeks	4 weeks Iffrat dose of DTaP/DT was administered before the 1" birthday, 6 months (as final dose) If first dose of DTaP/DT or Talap/Td was administered at or after the 1" birthday.	6 months if first dose of DTaP/DT was administered before the 1st birthday.	
łuman papillomavirus ¹⁴	9 years		Routine dosing intervals are recommended. ¹⁴		
Hepatitis A [™]	N/A	6 months			
Hepatitis B ¹	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus ⁶	N/A	4 weeks	6 months ⁶ A flourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Aeasles, mumps, rubella ⁸	N/A	4 weeks			
		3 months if younger than age 13			
Varicella ⁹	N/A	vears.		I	I

 ${\bf NOTE:} \ {\bf The\ above\ recommendations\ must\ be\ read\ along\ with\ the\ footnotes\ of\ this\ schedule.}$



Where can I find the minimum spacing between doses for students in-process?

Immunization Summary for School Attendance

Updated by ODH

IMMUNIZATIONS FOR SCHOOL ATTENDANCE our (4) or more doses of DTaP or DT, or any combination. If all four doses were given before the 4th irthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third ose, and on or after the 4th birthday, a fifth (5) dose is not required. Tdap/Td is the minimum acceptable for children age seven (7) and up. ee (3) or more doses of IPV. The FINAL dose must be administered on or after the 4" birthday regardless of *** The number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccina are required. *** are required. Grades 9-12 Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either wo (2) doses of MMR. Dose one (1) must be administered on or after the first birthday. The second dose mus e administered at least 28 days after dose one (1). tre (3) doses of Henatitis B. The second dose must be administered at least 28 days after the first dose. The rd dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. he last dose in the series (third or fourth dose), must not be administered before age 24 weeks.

Immunization Summary for School Attendance Ohio FALL 2018

Vaccine should be administered according to the most recent version of the Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Tounger or the Catch-up Immunization Schedule for Fersons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Relind, as published by the Advisory Committees on Immunization Practices. Schedules are available for print or download

Two (2) doses of varicella vaccine must be administered prior to entry. Dose one (1) must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1): owever, if the second dose is administered at least 28 days after the first dose, it is considered valid.

- at https://www.edc.gov/vaccines/schedules/index.html.

 Vaccine doses administered ≤ 4 days before the minimum interval or age are valid (grace period). Doses administered ≥ 5 days earlier than the
- Vaccine does administered 5 days before the minimum interval or age see valid (gance period). Does administered 25 days ceities than the minimum interval or age upen test and idea on all could be repeated as age-opportion. ITABINE and valication are redy one on the same day.
 For additional information places refer to the Ohio ReviewCock 28 331.67 and 331.37.18 for School Attendance and the OHI Director's Journa Energy (washable at flagricows of this thing, reminerations. Repeated Velecies for Children and School).
 These contacts the Disputation of Health Immunistration Found (100) 232.05 for 0.014 (4) 46-64-64 with questions or concerns.
- * Recommended DTaP or DT minimum intervals for kindergarten students four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals ween doses 3-4 and 4-5. If a fifth dose is administered prior to the 4th birthday, a sixth dose is recommended but not required. received noises 3-4 and 4-3. It a find dose is automatised prior to the 4² officially, a study dose is recommended but not required.

 **Pupils who received one dose of Tdap as part of the initial steries are not required to receive another dose. Tdap can be given regardless of the interval since the last Tetanus or diphtheria- toxicid containing vaccine. DTaP given to patients age 7 or older can be counted as valid for the one-time



What immunization exemptions are allowed?



2 types of exemptions:

- 1. Medical exemption
 - A licensed physician must certify this
- 2. Reason of conscience including religious convictions
 - A written statement from the pupil's parent or guardian must state a reason



How is your school required to report immunization levels?





All Ohio schools, public and private, for which the state board of education prescribes minimum standards are required to report immunization summaries to ODH by October 15th of each calendar year.

Reports are to be submitted for these grades:

- Kindergarten
- 7th grade
- 12th grade
- 'New pupils'



- ODH mails a letter signed by ODE and ODH to all Ohio schools in August with instructions about the immunization summary reports
- Schools submit immunization summary reports to ODH through a web-based reporting process



Each school or portion of school that has <u>its own IRN</u> must submit a <u>separate summary report</u> for <u>each</u> <u>category</u> applicable





- Kindergarten Summary = All Kindergarteners
- Grade 7 Summary = All 7th Graders
- Grade 12 Summary = All 12th Graders
- New Enterers for Grades 1-6 & 8-11 Summary



Example 1: If your school is a high school (grades 9-12), you will submit separate summary reports for 12th grade and new pupils (a total of 2 summary reports)

Example 2: If your school is an elementary school (grades K-6), you will submit separate summary reports for kindergarten and new pupils grades 1-6 (a total of 2 summary reports)



To protect student confidentiality, all data reported to ODH is aggregated at the school level

No student information is reported to ODH



What is reported?

You will report the following demographic information for each summary report:

- School name
- IRN
- School address
- Contact information
- School type





What is reported?

You will report the following data:

Number of Pupils with All Required **Immunizations** (Up-to-date or UTD) Number of Pupils who have a Medical Contraindication **Total Number of Pupils** (Medical exemptions)* **Enrolled in Assessed** Grade Number of Pupils who have a Reason of Conscience or Religious Objection ("Good-cause" exemptions)* Record Indicates Need for at **Number of In-Process** least one of the Required Pupils* Immunizations* Number of Pupils Incomplete (without exemption) Record not on File



Who is a 'new pupil'?

All new pupils or transfer students entering your school(s) must be reviewed for immunization compliance at the time of initial entry (and throughout the school year if new)

New to the district/system examples:

- Pupil changed from a private system to a public school district (even if in the same geographic area)
- Pupil moved from a public district to a private system
- Pupil moved from one private system to another private system (even if in the same city or geographic area)
- Pupil moved from one public district to another public district



Do foreign exchange students have to meet the minimum requirements?

Yes.

Even if the student is only going to be in the U.S. for part of the school year, the requirements apply

Helpful resource: 'Quick Chart of Vaccine-Preventable Disease Terms in Multiple

Languages'

			Eas	tern European I	Languages			
nglish	Bosnian	Croatian	Pollsh	Romanian	Russian	Serbian	Slovak	Ukrainian
TP	Detepe	Detepe		Di-Te-Per	АКДС	Detepe	DITePe	
phtheria	diferja	dflerije	przeciwko bionicy	differiel	дифтерия	дифтерије	záškrt	дифтерії
aemophilus fluenzae type b	Hemofit _i na Influenca tipa B	Haemophilus influenzae tipa b	Haemophilus Influenzae typu b	Haemophitus influenzae tip b boala	гемофільной инфекции типа В	Хаемопхилус инфлуензае тип Б болести	Haemophilus influenzae typ b ochorenia	генофільної інфекці типу В захворювань
epattis A	Zutica A, Hepatitis A	Zutica A, hepatitisa A	wrusowemu zapaleniu wątroby typu A	hepatta A	гепатит А	хепатитиса А	hepatitida A	гелатиту S
epattis B	Zutica B, Hepatitis B	Zutica B, hepatitisa B	Wrusowernu zapa- leniu watroby typu B	hepatta B	гепатит В	хепатитиса Б	hepatitida B	гепатиту В
uman spillomavirus	Ljudski paplioma virus	papitomavirusi čovjeka	wirus brodzwczaka ludzkiego	papilomavirus uman	вирус папилломы человека	људски папилома вирус	fudský papliomavirus	вірус папілони людини
fluenza	gripa	gripe	grypa	grtpa	грипп	грип	chripka	грипу
MR	MMR					MMR		
easies	rubeola	ospice	odra	pojansi	корь	Мале богине	morbilli, obýpky	
eningococcal injugate		meningokoknog konjugirati	meningokokom sprzężenia	conjugate meningocodice	менингококковая сопряженных	ненингокоюне конуговано	meningokokove konjugovanou	менінгококова сполучених
umps	zauške	zaušnjaci	swinka	oreionul, oreion	свинка, ларотит	Эаушке	parottis	кір
ertussis	velki kašalj	kasalj hripavac	krztuścowi	tusel convusive	коклюша	великог кашља	čierny kašer	кашлюку
olomyelts	djecja paraliza	dječje paralize	polio	poliomielta	полиомиелит	дечје парализе	detská obma	полюнієліту
neumococcai mjugate	upala pluca	pneumokoka konjugirano	skoniugowanej szczepionki pneumokokowei	pneumocodic conjugat	пневмококковоя конъюгированной	Пнеуноцоццал коњунговане	konjugovana pneumokokova	пневнококковой конъюгированной
antwist	Rotavirus	rotavirusa	rotavirusy	rotavirus	ротавірусной	рота-вируса	Ротавирус	ротавірусної
ubella	male boginje	rubeola	rkżycka	rubeola, rubeolei, pojar German	краснуха	Рубеола	rubeola	
hingles terpes zoster)		Sindra	pólpasies	Herpes zoster (zona zoster)	опоясывающий лишай	херпес зостер (појасни херпес)	pásového oparu (pásový opar)	oneptsуючий герпес (опеptsуючий лишай)
malipox	velki boginje	veliki boginje	овра	variola, variolei	ocna	veliki boginje	klahne	
etanus	tetanus	tetanusa	tężcowi	tetanosului	столбиях	тетануса	tetanus	правця
berculosis	tuberkuloza	tuberkuloza	gruzica	tuberoulozei	туберкулеѕ	Tuberkuloza	tuberkultza	
artoeta hiokenpox)	ospice	varicella (vodene kozice)	ospy wietrznej (ospa wietrzna)	gl varicetă (varicetă)	ветряная осла (вітрянка)	Варицелла (цхицкен богиње)	ovčim klahňam (ovčie klahne)	вітряної віспи (вітрянка)

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Create a vaccine plan for your school

Spring-Summer

- Prepare for incoming students, communicate with parents/guardians of immunization requirements
- Encourage parents not to wait to get their child up-to-date so they can avoid the 'back-to-school rush'
- Provide information for clinics that administer vaccines in your community
- Contact your local health department to identify providers or 'back-to-school' clinics in your community
- Some local health departments may offer to schedule 'back-toschool' clinics - they may even schedule these clinics at your school



Create a vaccine plan for your school

Start of School

- Review immunization records
- Identify students who have no records or missing at least one dose of required vaccines
- For non-compliant students use Ohio's Statewide Immunization Record System (ImpactSIIS) to look-up records
- Send communication to parents/guardians of non-compliant students and clearly state what the student needs
- Compile a list of students who have exemptions on file so you can easily identify them in the event of a 'disease outbreak'
- Exclude students who do not meet the state minimum requirements by the 15th day of school



Create a vaccine plan for your school

By October 15th

- Mark your calendar because immunization summary reports are due by Oct 15th
- Contact the ODH Immunization Program if you have questions on how to report your school's summary
- Complete and submit the immunization summary to ODH online

During the school year

- Review and follow-up as needed with transfer students
- Report incidents of reportable infectious diseases to the local health department
- If a 'disease outbreak' is confirmed identify students who should be excluded from school during the outbreak



What are the current 2018-19 school year requirements?

Vaccina	Immunization Summary for School Attendance, Fall 2018																
Vaccine	К	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th				
DTaP/DT Tdap/Td	Four (4) or more of DTaP or DT, or any combination*																
Diptheria, Tetanus, and	Four (4) or more of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.																
Pertussis										One (1) dose of Tdap**							
	Three (3) or more dose	s of IPV. The			dministered		the 4th birt	hday regard	less of the								
Polio										Three (3) or more doses of IPV or OPV. If the t dose of either series was received prior to ti fourth birthday, a fourth (4) dose is required. combination of OPV and IPV was received, for (4) doses of either vaccine are required.							
MMR Measles, Mumps, Rubella	Two (2) dos	Two (2) doses. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.									se 1.						
HEP B Hepatitis B	Three (3) doses. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and a least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.																
Varicella Chickenpox	Two (2) doses. I administered at least th			se one (1);	however, it	f the secon											
Опископрох										One (1) dose of varicella vaccine mus administered on or after the first birthe							
MCV4 Meningococcal								(One (1) dos	se			Two (2) doses***				
				ı	N	otes:											

*Four (4) or more of DTaP or DT, or any combination. If all four doses were given before the 4th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4th birthday, a fifth (5) dose is not required. Recommended DTaP or DT minimum intervals for kindergarten students four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4th birthday, a sixth dose is recommended but not required.

**Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. Tdap can be given regardless of the interval since the last Tetanus or diphtheriatoxoid containing vaccine. DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose.

***The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous dose

Extra Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1st) dose of MCV4 was administered on or after the 16th birthday, a second (2nd) dose is not required. If a pupil is in 12th grade and is 15 years of age or younger, only 1 dose is required. Currently there are no school entry requirements for meningococcal B vaccine.

Diphtheria, Tetanus, and Pertussis DTaP/DT Tdap/Td

K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
Four (4) or more of												
DTaP or DT, or any	,											
combination*												

Kindergarten

- 4 or more doses
- Any combination of DTaP or DT
- 5th dose is required for **kindergarten only** when the 4th dose was given before age 4
- If the 4th dose was administered at least 6 months after the 3rd dose, and on or after the 4th birthday, a 5th dose is not required
- Recommended DTaP or DT minimum intervals of 4 weeks between doses 1-2 and 2-3; 6 month minimum intervals between doses 3-4 and 4-5
- If a fifth dose is administered prior to the 4th birthday, a sixth dose is recommended but not required



Diphtheria, Tetanus, and Pertussis DTaP/DT Tdap/Td

Vaccina		lmmu	ınizati	on Sı	ımma	ry for	Scho	ol Att	endar	nce, Fa	all 201	18	
Vaccine	К	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
DTaP/DT Tdap/Td	Four (4) or more of DTaP or DT, or any combination												
Diptheria,		Four (4) or	more of DTa	P or DT, or	any combin	nation. Thre	e doses of	Td or a com	bination of	Td and Tdap	is the minir	num accept	table for children
Tetanus, and Pertussis										One (1) d	lose of Tda	p**	

Grades 1-12

- 4 or more DTaP/DT required
- For students age 7 or older, if the third dose is Td or Tdap, a fourth dose is not required
 - 1 dose of Tdap prior to entry in 7th grade
- Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose
- DTaP given to patients age 7 or older (accidentally) can be counted as valid for the one-time Tdap dose
- Tdap can be given regardless of the interval since the last tetanus or diphtheria toxoid-containing vaccine

Polio

Vassins		lmmu	ınizati	on Su	ımma	ry for	Scho	ol Att	endar	nce, Fa	all 201	18	
Vaccine	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
	Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4th birthday regardless of the number of previous doses.***												
Polio										dose of e fourth birth combination	ither series iday, a four in of OPV a	was recei th (4) dose and IPV was	OPV. If the third ved prior to the is required. If a s received, four ire required.

- For Kindergarten through 8th grade
 - 3 or more doses of IPV
 - The final dose must be <u>on or after the 4th birthday</u> with at least 6 months between the final and previous dose
- For 9th through 12th grade
 - 3 doses or more of IPV or OPV
 - If the 3rd dose of either IPV or OPV was given before the 4th birthday, a 4th dose is required
 - If the student has a combo of OPV and IPV, 4 doses of either vaccine are required



Measles, Mumps and Rubella (MMR)

K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Two (2) doses. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.

- For Kindergarten through 12th grade
 - 2 doses
 - Dose 1 must be administered on or after the first birthday
 - The 2nd dose must be administered at least <u>28 days</u> after dose 1
- CDC recommends first dose at 12 months and second at 4-6 years



Hepatitis B (Hep B)

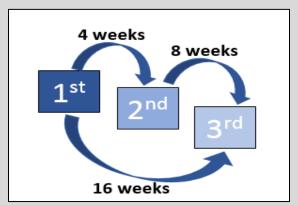
K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Three (3) doses. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.

- Kindergarten through 12th grade
 - 3 doses with correct spacing
 - The minimum age for the third dose is <u>24 weeks</u> of age

Pay close attention to spacing between doses







Chickenpox (Varicella)

Vassins		endar	ance, Fall 2018										
Vaccine	К	2nd	8th	9th	10th	11th	12th						
Varicella Chickenpox	Two (2) doses. Dose 1 must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after first dose, it is considered valid.												
Сполопрох	One (1)												cine must be irst birthday.

- Kindergarten through 8th grade
 - 2 doses
 - 1st dose must be on or after the 1st birthday
 - 2nd dose should be at least 3 months after the 1st dose, but valid if administered at least 28 day after the 1st dose
- For 9th through 12th grade
 - 1 dose
 - Must be on or after the 1st birthday



Meningococcal (MCV4)

Vaccina		Immunization Summary for School Attendance, Fall 2018											
Vaccine	К	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
MCV4 Meningococcal								(One (1) dos	se			Two (2) doses****

- **7**th- **9**th grade
 - 1 dose (should be on or after age of 10)
- **12**th grade
 - 2 doses; the 2nd dose must be on or after the 16th birthday
 - If the 1st dose was administered after the 16th birthday, a 2nd dose is not required
 - Minimum interval of 8 weeks between dose 1 and dose 2



What are the 2019-2020 school year requirements?

\/i		lmmu	ınizati	on Su	ımma	ry for	Scho	ol Att	endar	nce, Fa	all 201	19						
Vaccine	К	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th					
DTaP/DT Tdap/Td	Four (4) or more of DTaP or DT, or any combination*																	
Diptheria, Tetanus, and		Four (4) or	more of DTs	aP or DT, or	any combi	nation. Thre		Td or a com en (7) and u		Td and Tdap	is the minin	num accept	able for children					
Pertussis				One (1) dose of Tdap**														
	Three (3) or more dos	es of IPV. Th	e FINAL dos		administere		r the 4th bir	rthday regar	dless of the	e number of	nber of							
Polio											OPV. If th was re birthday, a	e third dos eceived prio a fourth (4)	doses of IPV or e of either series or to the fourth dose is required PV and IPV was					
MMR Measles, Mumps, Rubella	Two (2) dos	ses. Dose 1 r	nust be adm	inistered or	n or after th	e first birtho	day. The se	cond dose m	nust be adn	ninistered at I	east 28 day	/s after dos	se 1.					
HEP B Hepatitis B	Three (3) doses. The s least 8									e given at lea administered								
Varicella Chickennov	considered valid																	
Chickenpox													aricella vaccine d on or after the iday.					
MCV4 Meningococcal		One (1) dose Two (2)									Two (2) doses****							
					N	otes:												

*Four (4) or more of DTaP or DT, or any combination. If all four doses were given before the 4th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4th birthday, a fifth (5) dose is not required. Recommended DTaP or DT minimum intervals for kindergarten students four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4th birthday, a sixth dose is recommended but not required.

**Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. Tdap can be given regardless of the interval since the last Tetanus or diphtheriatoxoid containing vaccine. DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose.

**The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous dose

****Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1st) dose of MCV4 was administered on or after the 16th birthday, a second (2nd) dose is not required. If a pupil is in 12th grade and is 15 years of age or younger, only 1 dose is required. Currently there are no school entry requirements for meningococcal B vaccine.

Four Day Grace Period

For any doses given too early, a 4 day 'grace' period can apply:

- Considered valid if <4 days before the minimum age or interval between doses
- Considered not valid if >4 days before the minimum age or interval between doses

Important Notes:

If 2 LIVE virus vaccines (MMR and Varicella) were <u>not</u> given on the <u>same</u> day they must be separated by 28 days with <u>no grace period</u>

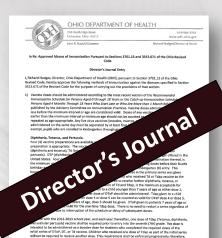
If an <u>invalid</u> dose was given, administer the next dose after waiting the minimum interval from the <u>invalid dose</u> and after reaching the minimum age requirement



Where can you find helpful resources?



Resources to determine if a student is compliant



	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15:mos 1	18 mos			٠,				100	16 yrs	170
Hepatitis B1 (Hep8)	1ºdose	2-	dose>		•	_	3" dose ····				Δ^{\dagger}	9.7						
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1"dose	2 nd dose	See footnote 2		7		_ (A	0		Į,	U	_			Г
Dipheheria, tetanus, & acellular pertussis' (DTaP: <7 yrs)			1"dose	2 ^{se} dose	2" dose				U	Y			R	7	ટ			Г
Haerrophilus influenase type b' (Hib)			1°dose	2 rd dose				C				A	O	2				
Pneumococcal conjugate/ (PCV13)			1*dose			-A	$\boldsymbol{\sigma}$	•	,		e	V			4			
Inactivated poliovirus ^a (IPV: <18 ym)					~	77		e		7.0	1		4					
Influence' (IV)	4				9)				7/	"					A	nual vaccin	ation (FV)	Ξ
feasles, mumps, rubella [†] 84			10	V			_1	١.	•			2 ^{-r} dose						
Various			2			3 (٥Z					2 nd close						E
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	А																	

	F.ALL 2016
ACCINES	IMMENIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DT Tdap/Td Diphtheria, Teturus, Pertussis	An extra ext
POLIO	Mate (1) or more disses of EPV. The FENAL dose must be administrated on or other the 4" hard- for market processed doses if a contribution of CPV and EPV was morrowed, but \$11.50 Cartack_LEL There (1) we may dose of EPV or CPV. If the third dose of other sensors and the contribution of CPV and EPV was market for the contribution of CPV and EPV was market for the contribution of CPV and EPV was required. It is contribution of CPV and EPV was a
MMR Messles, Mumps, Robella	Scale Two (2) does of MMR. Dose 1 must be administrate administrated at least 28 days after dose 1.
HEP B Hepatitis B	Ik-12 Thirer (3) dones of Repartia B third done must be given by the last done in the by the last done in the
Varicella Chickenges)	Kd Two City
U	The Color of The process must be administrated quite as early. The Color of the process must be administrated quite as early. The Color of the process desired FVV. The FORM Allow must be administrated on or after the "and a series of the process of the proces
1	The details considered with the contractions. A regional and (3) (2) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
,	over regardings of the internal since the last Tetama or depithens—invok continuing success. DTaP gives to patients age 7 or sider time. Tally also. IFV varies must be administered at age 4 or older with at least is a results between the final and previous does. IFV varies must be administered at age 4 or older with all least is a results between the final and greening does not be administered or one of the side of the transition of the side of the transition times of all least and the final side of the transition times of the side of the transition times of the side of the side of the transition times of the side of the

			Children age 4 months through 6 years		
	Minimum		Minimum Interval Retween Doses		
Vaccine	Age for Done 1	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 a	
Hepatitis B ¹	Birth	4 weeks	it weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus'	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 meeks	4 weeks ² Maximum age for final dose is 8 months, Φ days.		
Diphtheria, tetanus, and acellular pertussis ²	6 weeks	4 sreeks	4 weeks		and the same
Haerophilius influenzae type b ⁴	6 weeks	4 weeks. If first dose was administered before the 1" birthday. Se weeks 156 final dose) If first dose was administered at age 12 through 14 months. No further doses needed if first dose was administered at age 15 enceits or odder.	Seasons. The property of the	dule	2
Presimocecçal conjugate ²	6 weeks	4 seasons of the ordinary administratory of the ordinary administratory of the ordinary of the ordinary of the ordinary of the ordinary of the ordinary of the ordinary of the ordinary of the ordinary of the ordinary of the ordinary of the ordinary of the	Annual of the desired by the desired	to characteristic control of the con	
Menili (MenACM MenACWY			NIE -	See footnote 11	
			escents age 7 through 18 years		
Meningocii (MenACWY-D) MenACWY-CRM					
etanus, diphrheria etanus, diphrheria, cellular pertussis	11	1111	**St close of DTaP/DT was administrated before the 1* birthday. Is months (as final close) If that close of DTaP/DT or Idag/Td was administrated at or after the 1* birthday.	6 months if first dose of DTaP/DT was administered before the 1" birthday.	
tuman papillomavirus Hepatitis A ¹⁰			Routine dosing intervals are recommended. ¹⁶		
Hepatitis 8 ¹			5 weeks and at least 16 weeks after first dose.		
inactivated poliovinus ^a		4 weeks	6 months ⁴ 6 months ⁴ 8 Aborth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of PV is indicated if all previous doses were administered at <6 years or if the third dose was administered <6 months after the second dose.	
leasles, mumps, rubella [†]	N/A	4 weeks			
		3 months if younger than age 13			

The Director's Journal

Purpose:

- Reviews ODH approved methods of immunization against the diseases specified in ORC for the purpose of carrying to the provisions
- Detailed information
- Updated when new requirements

Information included:

- Vaccine dose requirements for grade entry
- Spacing of doses
- Graduated requirements



614/466-3543 www.odh.ohio.gov

Richard Hodges/Director of Health

In Re: Approved Means of Immunization Pursuant to Sections 3701.13 and 3313.671 of the Ohio Revised Code

Director's Journal Entry

I, Richard Hodges, Director, Ohio Department of Health (ODH), pursuant to Section 3701.13 of the Ohio Revised Code, hereby approve the following methods of immunization against the diseases specified in Section 3313.671 of the Revised Code for the purpose of carrying out the provisions of that section.

1) Vaccine doses should be administered according to the most recent version of the Recommended Immunization Schedule for Persons Aged 0 through 18 Years or the Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More than 1 Month Behind, as published by the Advisory Committee on Immunization Practices. Vaccine doses administered 4 days or less before the minimum interval or age are considered valid. Doses of any vaccine administered 25 days earlier than the minimum interval or minimum age should not be counted as valid doses and should be repeated as age-appropriate. Any live virus vaccines (measles, mumps, rubella and varicella vaccines) not administered on the same day must be separated by at least four (4) weeks (28 days). Unless otherwise exempt, pupils who are enrolled in kindergarten through grade 12 Sahall have:

Diphtheria, Tetanus, and Pertussis:

Four (4) vaccine preparations are available and the child's healthcare provider shall decide which preparation is appropriate. The vaccines are DTaP (diphtheria, tetanus, and acellular pertussis), DT (diphtheria and tetanus), Td (tetanus and diphtheria), and Tdap (tetanus, diphtheria, and acellular pertussis). DTP (diphtheria, tetanus, and pertussis) was available until 2002, but is no longer offered in the United States. Four or more doses of DTaP, DTP or DT (pediatric) vaccine, or any combination thereof, is the minimum acceptable. Children who received all four (4) primary immunizing doses before their fourth birthday are required to receive a fifth (5th) dose of DTaP or DT prior to kindergarten (K) entry. This booster fifth (5th) dose of DTaP or DT is not required if the fourth dose in the primary series was given after the fourth birthday. A child who is age seven or older, and who received Td or Tdap vaccine as the third part of this immunization series, shall not be required to receive further diphtheria, tetanus, or pertussis vaccine. Three doses of Td, or a combination of Td and Tdap, is the minimum acceptable for children age seven (7) and up. Tdap or Td given to a child younger than 7 years of age as either dose 1, dose 2 or dose 3 is NOT valid, and another dose of DTaP should be administered. Tdap given to a child younger than 7 years of age as either dose 4 or dose 5 can be counted as valid for DTaP dose 4 or dose 5. If dose 4 was given before 7 years of age, dose 5 should be given. DTaP given to patients 7 years of age or older can be counted as valid for the one-time Tdap dose. There is no need to restart a series regardless of the time elapsed due to interruption of the schedule or delay of subsequent doses.

Effective with the 2012-2013 school year, and each year thereafter, one dose of Tdap (Tetanus, diphtheria, and acellular pertussis) vaccine shall be required prior to entry into the seventh (7th grade. This dose is intended to be administered as a booster dose for students who completed the required doses of the initial series of DTaP, DT, or Td vaccine. Children who received one dose of Tdap as part of the initial series will not be required to receive another dose. This requirement shall be enforced progressively; therefore, the requirement shall be extended to 7th – 8th grade students in 2013, 7th – 9th grade students in 2014.

HEA6413 (Rev. 8/14)

An Equal Opportunity Employer/Provider



Immunization Summary for School Attendance

Provides high-level summary of requirements for all grades

Shows current school year with important notes

Created by ODH Immunization Program

Updated annually

	Immunization Summary for School Attendance Ohio
VACCINES	FALL 2018 IMMUNIZATIONS FOR SCHOOL ATTEADANCE
DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	Norm (4) or more doses of DTaP or DT, or any combination. If all four doses were given before the 4th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4th birthday, a fifth (5) dose is not required. * L12
POLIO	Lag Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4° birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required. *** Grades 9-12. Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.
MMR Measles, Mumps, Rubella	Sc12 Two (2) doses of MMR. Dose one (1) must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose one (1).
HEP B Hepatitis B	Intre (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.
Varicella (Chickenpox)	K-8 Two (2) doses of varicella vaccine must be administered prior to entry. Dose one (1) must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after the first dose, it is considered valid. Grades 9-12 One (1) dose of varicella vaccine must be administered on or after the first birthday.
MCV4 Meningococcal	Grade 7-9 One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. Grade 12 Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. ***

- Vaccine should be administered according to the most recent version of the Recommended Immunization Schedule for Children and Adolescent Aged 18 Years or Younger or the Catch-up Immunication Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind, as published by the Advisory Committee on Immunization Practices. Schedules are available for print or download at https://www.cdc.gov/vaccines/schedules/index.html.

 Vaccine doses administered ≤ 4 days before the minimum interval or age are valid (grace period). Doses administered ≤ 5 days earlier than the
- minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- or additional information please refer to the Ohio Revised Code 3313.67 and 3313.671 for School Attendar Entry (available at http://www.odh.ohio.gov, Immunization: Required Vaccines for Childcare and School). These documents list required and recommended immunizations and indicate exemptions to imn
- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concept.
- nmended DTaP or DT minimum intervals for kindergarten students four (4) weeks between doses 1-2 and 2-3; six (6) month minimum interval between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4th birthday, a sixth dose is recommended but not required.

 ** Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. Tdap can be given rega
- interval since the last Tetanus or diphtheria- toxoid containing vaccine. DTaP given to patients age 7 or older can be counted as valid for the one-time *** The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous d
- **** Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1") dose of MCV4 was administered on or after the 16th birthday, a second (2mt) dose is not required. If a pupil is in 12th grade and is 15 years of age or younger, only 1 dose is

ODH Immunization 11/30/2017 Imm Sum Sch Ohio 2018-2019.docs

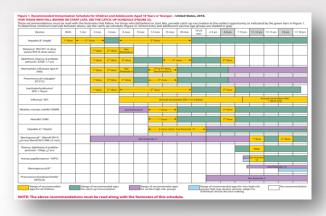


CDC Recommended Immunization and Catch-up Schedule

Each year, the Advisory Committee on Immunization Practices (ACIP) approves immunization schedules for persons living in the United States

The immunization schedule for children and adolescents aged 18 years or younger provides a summary of ACIP recommendations on the use of routinely recommended vaccines

Provides information on recommended age, minimum age, recommended interval and minimum interval



			junction with Figure 1 and the footnotes that follow.		
	Minimum		Children age 4 months through 6 years		
Vaccine	Age for		Minimum Interval Between Doses		
	Dose 1	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose
Hepatitis B ¹	Birth	4 weeks	8 weeks and at least 16 weeks after first door. Minimum age for the final dose is 24 weeks.		
Rotavirus ²	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 vereits? Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis ²	6 weeks	4 weeks	4 weeks	6 months	6 months ¹
Haemaphilus influenzae type b ⁴	6 weeks	4 weeks if first dose was administered befaus the 1" birthdose) if first dose was administered if first dose was administered at age if first dose was administered at age 12 through 14 months. No further doses needed if first door was administered at age 15 months or odder.	Countries To spring you propey that 3 handed and for door an administrated younger than 3 pt 7 months, and at level 3 provised one wife 19 fidelity. Revent Method or unknown. To send as all you will be send on the 10 months of the 10 months of the 10 months of the 10 months of the 10 months and 10 months of the 10 months and fine door was administrated at apt 7 through 11 Country and you propey that 1 months and fine door was administrated below the 11 behalding, and country and you will be a propey that 1 Stronger and from a force was administrated below the 11 behalding, and country door administrated propeyer that 1 Stronger. Country and you will be a propeyer that 1 Stronger and you will be a propeyer that 1 Stronger and you will be a propeyer that 1 Stronger and you will be a propeyer than 1 Stronger and you will be a propeyer than 1 Stronger and you will be a propeyer than 1 Stronger and you will be a propeyer than 1 Stronger and you will be a propeyer than 1 Stronger and you will be a propeyer than 1 Stronger and you will be a propeyer than 1 Stronger and you will be a propeyer than 1 Stronger and you will be a propeyer and you will be a propeyer and you will be a propeyer than 1 Stronger and you will be a propeyer and you will be a	8 weeks (as final dose) This dose only necessary for children age 12 through 57 months who received 3 doses before the 1* birtholog.	
Pneumococcal conjugate ²	6 weeks	4 revels if first dose administrated before the 1" birthday. 8 revels (as final dose for healthy iddition) if first dose was administered at the 1" birthday or after. No further dose needed to healthy children if first dose was administrated at age 24 months or idder.	d weeks if covers ago in younger than 12 months and previous door given at -7 months deld. Growth ago in the door for healthy "childend" is generious door given between 3-11 months load until at least 12 months cidig; if generious door given between 3-11 months load until at least 12 months cidig; if coverage gip 11 months or older and at least 15 months or given below ago 12 months. No further doors needed for healthy children if previous doors administered at ago 24 months or older.	8 weeks (as final dose) This dose only necessary for chil- den aged 12 through 59 months who received 1 doses before age 12 months of or children at high risk who received 3 doses at any age.	
Inactivated poliovirus ^a	6 weeks	4 weeks*	4 weeks*If current age is < 4 years 6 months iss final dose) if current age is 4 years or older	6 months ⁴ (minimum age 4 years for final dose).	
Measles, mamps, rubella ²	12 months	4 weeks			
Varicella ²	12 months) months			
Hepatitis A ¹⁹ Meningococcal ¹¹ (MenACWY-D x9 mos; MenACWY-CRM >2 mos)	12 months 6 weeks	6 months 6 weeks ¹⁾	See footnote 11	See footnote 11	
			Children and adolescents age 7 through 18 years		
Meningococcal ¹¹ (MenACWY-D ≥9 mos; ManACWY-DM v2 mos)	Not Applicable (N/A)	8 weeks ¹¹			
fetanus, diphtheria; xtanus, diphtheria; and scellular pertussis	7 years ¹²	4 weeks	4 weeks If there does of DTAP/DT was administered before the 1° birthday. 6 months las final dose) If there does of DTAP/DT or Stap/Td was administered at or after the 1° birthday.	6 months if first dose of DTaP/DT was administered before the 1" birthday.	
Human papillomavirus ¹⁴	9 years		Routine dosing intervals are recommended. ³¹		
Hepatitis A ¹⁰ Hepatitis B ¹	N/A N/A	6 months 4 weeks	8 weeks and at least 16 weeks after first dose.		_
Hepatito B'	N/A	4 weeks	8 revoks and at least 16 receips after first doos. 6 mounts ⁴ A fourth doos of not necessary if the third dose was administered at age 4 years or elder and at least 6 months after the previous does.	A fourth dose of IPV is indicated if all previous doses were administered at <0 years or if the third dose was administered <0 months after the second dose.	
leasles, mumps, rubella ²	N/A	4 works		A	
Varicella [†]	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			



How it all fits together...

What Law? Ohio Revised Code (Ohio Law)

Who Creates the Law? Ohio Legislators

Why Needed? Mandates Reporting and Coverage

What Rule? Director's Journal

Who Creates the Rule? Ohio Department of Health (ODH)

Why Needed? Details methods of immunization

What Summary? Immunization Summary for School Attendance

Who Creates the Summary? ODH Immunization Program

Why Needed? Helpful summary of requirements



Documentation Requirements

Student immunizations must be documented with the specific month, day, and year of vaccine administration for each dose of each vaccine received

- Blanket statements that all immunizations are "up-to-date" or "valid"
 do not meet state documentation requirements
- "At hospital" or "at birth" is not acceptable for Hep B birth dose

A parent, guardian or doctor's written statement that a child has already had the disease is acceptable in place of vaccination for measles, mumps and varicella only

For rubella, only a record of actual vaccination or laboratory test result showing evidence of immunity is acceptable

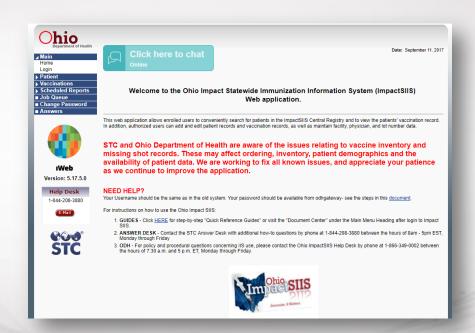


Ohio ImpactSIIS

Ohio's ImpactSIIS was designed to maintain a cumulative immunization record for Ohio children

Users include:

- Public Providers (e.g. Local health districts, Rural Health Centers, Federally Qualified Health Centers)
- Private Providers (e.g. hospitals, doctors offices, etc.)
- Payers
- Pharmacies
- School Nurses



Ohioimpactsiis.org



How Can You Become a User of ImpactSIIS?

- Complete a 'ImpactSIIS Registration Form' found on the ODH School Nursing webpage
 (https://www.odh.ohio.gov/odhprograms/chss/schnurs/nurseforms.aspx)
- Fax or mail the complete form by to:

Ohio Department of Health School & Adolescent Health School Nursing Program 246 N. High Street Columbus Ohio 43215 Fax# 614-564-2503

Impact Statewide Immunization Information System Security Agreement Nurse in School/Head Start

As a nurse currently licensed by the Ohio Board of Nursing and employed by or under contract with the public or nonpublic School or Head Start or school district (hereinafter "School/Head Start") indicated below for the purpose of providing nursing services (hereinafter "Nurse"). I am entering into a binding legal agreement with the Ohio Department of Health (ODH) to access the ODH immunization registry, called the Impact Statewide Immunization Information System (Impact SIIS). This Agreement must be electronically signed when I am first given login credentials for Impact SIIS and reaffirmed annually.

I am entering into a binding legal agreement with the Ohio Department of Health (ODH) to access the ODH immunization registry, called the Impact Statewide Immunization Information System (Impact SIIS).

By signing this Agreement: 1) I agree at all times to utilize best practices in safeguarding and maintaining the confidentiality of all patient data in the Impact SIIS; and 2) I agree to and am hereby bound by section 3701.17 of the Ohio Revised Code governing protected health information.

- The information contained in the Impact SIIs is the sole property of the State of Ohio and is intended for use by the medical and public health commanity. Any disclosure of Impact SIIs information is only for the purpose of promoting or encouraging screenings and promoting vaccination against vaccine-preventable childhood diseases, as outlined in section 3701.13 of the Ohio Revised Code.
- By logging on and utilizing the Impact SIIS I assume full responsibility for any use or dissemination of the
 confidential information contained therein. Any use or dissemination of confidential information in violation of
 this Agreement may result in the ODH, at its sole discretion, terminating all current and future access to the
 Impact SIIS and may subject the violator(s) to legal action.
- A patient's, parent's and/or legal guardian's (hereinafter collectively "Patient") medical, demographic, and
 financial information including, but not limited to government assistance programs, and private insurance is
 strictly confidential and may only be used for the exclusive purpose of providing health care services to the
 patient as described in the Ohio Revised Code. Under no circumstances may a Patient's demographic and
 financial information on the Impact SIBs ecopied, conveyed or disseminated.
- Access to the Impact SIIS may not be delegated by the School/Head Start or Nurse to a non-Nurse
 employee or contractor either through individual login privileges or by sharing login information.
- The School/Head Start must inform each Patient that demographic, immunization and screening data may be
 entered into the Impact SIIS to help ensure full immunization and age and risk appropriate screenings to help
 detect potential problems and helping to ensure follow-up treatment.
- If the School/Head Start finds a breach of security, the School/Head Start shall notify the Key Master and ODH
 immediately (see attached Key Master Roles and Responsibilities fact sheet). ODH will cancel any
 compromised log-in name and password and may, at its sole discretion, require the Signatory to establish a new
 log-in name and password for the Nurse(s).
- Registration in the Impact SIIS will expire at the end of a twelve month period and will not be renewed for a Nurse until a new electronic copy of this School/Head Start Nurse Agreement has been signed.
- Initial documentation of a current Ohio Nursing License for Key Masters must be maintained by ODH Nursing and with the Key Masters for additional users at a school or Head Start or in a school district.

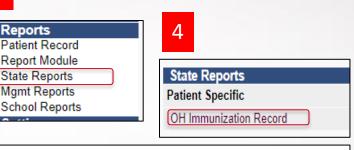


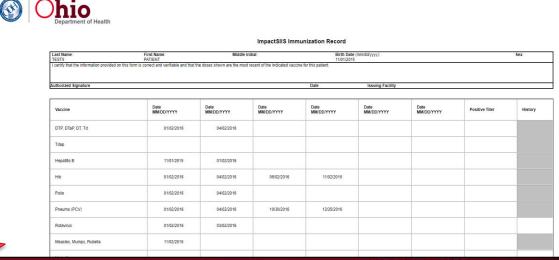
How to Search for an Immunization Record in ImpactSIIS

- 1. Log into ImpactSIIS
- 2. Search for the student
- 3. On the left hand menu, click Reports, click State Reports
- 4. Click on the 'OH Immunization Record' link

Only valid vaccinations/doses will show on the immunization record









What is the difference between CDC recommendations and Ohio school requirements?

CDC recommended immunizations

- Developed by Advisory Committee on Immunization Practices (ACIP)
- Comprehensive recommendations for routine vaccination
- Based on age
- National standards of practices

Ohio required immunizations for school

- State law for required vaccines need to attend school (K-12th grades)
- Based on grade level



What if a student can't afford to get vaccinated?

Vaccines for Children (VFC) Program

 Federal entitlement program that provides vaccines at no cost for eligible children through VFC-enrolled doctors

A child is eligible for the VFC Program if he or she is younger than 19 years of age and is one of the following:

- Medicaid-eligible
- Uninsured
- Underinsured (example: insurance does not cover vaccinations)
- American Indian or Alaska Native



Print flyers for CCBH and/or CDPH from the link in the webinar invite

Services include affordable immunization and sexual health services



Other Resources:

ODH Immunization Program

- 1-800-282-0546
- www.odh.ohio.gov, key word Immunizations

Centers for Disease Control and Prevention

https://www.cdc.gov/vaccines/index.html

Immunization Action Coalition

http://www.immunize.org/



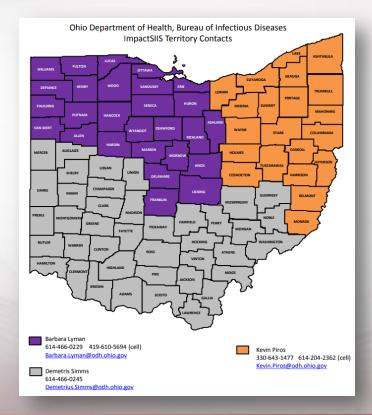
ODH ImpactSIIS Contact Information

NW: Barb Lyman

SW: Demetris Simms

NE: Kevin Piros

Call 1-866-349-0002





Questions?



Training Wrap-Up

City of Cleveland Schools Presenter Annette Perhay, RN

Outside City of Cleveland Schools Presenter JoAnn Carrothers, RN

Cuyahoga County Board of Health

Cleveland Department of Public Health

Date of presentation 3/6/19

Please complete the following forms:

Training Verification

Training Evaluation Survey

Send to twaltman@ccbh.net or

Fax 216 676 1319

Thank you!

