



Alaska School and Child Care Facility Immunization Manual



August 2002



Alaska Dept. of Health and Social Services

For many years the backbone of Alaska's disease prevention efforts has been the appropriate immunization of children attending our schools and child care facilities. Enforcement of these requirements has nearly eliminated vaccine-preventable diseases that in the past caused significant illness and death. This success is the direct result of the tremendous partnerships that have developed among school and child care facility personnel, health care professionals, and parents.

This updated version of the *Alaska School and Child Care Facility Immunization Manual (August, 2002)* was prepared as a guide for the many individuals who have a role in ensuring our children are protected from vaccine-preventable diseases. It was designed to standardize procedures and problem-solve complex issues so that school and child care facility laws and regulations could be implemented in a consistent manner.

We recognize that immunization schedules are very complicated and, at times, consultation with the Alaska Immunization Program will be required to determine if a child has met requirements or if additional immunizations are needed. If you have any questions concerning immunization requirements, please call the **Alaska Immunization Program** at **(907) 269-8000**, or contact your local public health clinic.

Thank you for your continued support and commitment to ensure that Alaska's children do not suffer the consequences of diseases that can be prevented safely and effectively.

School and Child Care Facility Immunization Manual: A Guide for Implementing Alaska's Immunization Requirements

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GENERAL IMMUNIZATION COMPLIANCE INFORMATION

Why does Alaska have school and child care facility immunization requirements?

Before immunization requirements for school and child care attendance were strictly enforced, many Alaska children suffered from vaccine-preventable diseases. The effects of these vaccine-preventable illnesses ranged from minor inconveniences to death; at a minimum, they disrupted school and child care attendance and caused logistical problems for parents. The goal of the immunization requirements is to assure that all children receive maximum protection against these preventable diseases.

How does the State determine the required immunization schedule?

Alaska's immunization schedules are based upon the "Recommended Childhood Immunization Schedule" developed by the national Advisory Committee on Immunization Practices (ACIP) and published by the Centers for Disease Control and Prevention. The ACIP's membership includes representatives from both public health and the private medical sector (including the American Academy of Pediatrics). To establish Alaska's schedule, the Alaska Immunization Program evaluates the ACIP recommendations and determines their appropriateness/feasibility for Alaska's unique situations.

Why are immunization requirements different from state to state?

Each state considers the ACIP recommendations and evaluates them in light of their own circumstances and available resources. This allows variation between states based upon local needs.

Who is responsible for proper immunization compliance?

Parents/Guardians:

- Are responsible for obtaining all age appropriate immunizations for their children and providing valid immunization records to the school/child care facility.

Principal/Preschool, Head Start or Child Care Facility Operator:

- Has the responsibility to ensure children attending the school/child care facility are in compliance with Alaska immunization requirements. This includes assuring that parents have submitted complete and valid immunization records, that these records are on file at the school or child care facility, and that follow-up with parents to obtain additional information (records or doses) is accomplished, when necessary.
- Shall not allow a child to attend the facility until he/she is in compliance.
- Shall exclude non-compliant children and notify parents or guardians in person, by phone, or in writing (certified letter, if necessary) that their child is non-compliant with the regulations.
- Should submit *Alaska Annual Immunization Self-Assessment Report*.

Which vaccines are needed for a child or student to meet Alaska immunization requirements?

The following chart outlines current vaccine immunization requirements. Additional criteria must be considered to determine the appropriate number of doses for each child. *(Outlined in the following section.)*

2002 Alaska School and Child Care Facility Immunization Requirements¹
(# doses required varies/ see next section)

Vaccine	Facility Type	
	School (K-12)	Child Care Facility/ Head Start/ Preschool ²
Diphtheria/Tetanus/(acellular) Pertussis (DTP, DTaP, DT, Td)	✓	✓
Polio	✓	✓
Measles/Mumps/Rubella (MMR)	✓	✓
Hepatitis A	✓	✓
Hepatitis B	✓	✓
Hib (<i>Haemophilus influenzae</i> type b)		✓
Varicella ("chickenpox")		✓

¹ Exemptions may be granted for medical or religious reasons.

² At the beginning of the 2001/2002 school year, different vaccines were required for children in licensed child care facilities versus certified preschools. This disparity has been corrected. See p. 3 for additional information.

What criteria are used to determine if a child is in compliance with Alaska's immunization requirements?

In order to determine if a child meets the requirements of Alaska immunization regulations, the following must be considered:

- the child's **age**;
- whether the child attends **school** (K-12) or a **licensed child care facility/certified preschool/Head Start program**;
- whether the child's **vaccine history indicates**: (a) **verification** by a medical provider
 (b) complete **dates** for all doses received
 (c) sufficient **spacing** between doses.

These variables make it difficult to describe all possible situations that a school or child care facility might encounter in its efforts to maintain compliance with the regulations and limit the spread of vaccine-preventable diseases. If you have questions about a child's record, please call the Alaska Immunization Program at 269-8000 for consultation.

Why do children of different ages need different types of vaccines or different numbers of doses?

Optimal response to a vaccine depends on a number of factors, including the nature of the vaccine and the age and immune status of the recipient. Recommendations for the age at which vaccines are administered are influenced by age-specific risks of disease, age-specific risks of complications, ability of persons of a given age to respond to the vaccine, and potential interference with the immune response by maternal antibody. In general, vaccines are recommended for the youngest age group at risk for developing the disease who can develop an adequate antibody response to the specific vaccine.

Are the immunization requirements different for children attending a certified preschool versus those in a licensed child care facility?

No. Although there were differences in the requirements between a certified preschool and a licensed child care facility during the 2001/2002 school year, this is no longer the case. In February, 2002, the Department of Education and Early Development modified its rules so that now there is no difference in the immunization requirements for these two types of facilities. Therefore, in addition to the other required vaccines, all children attending a licensed child care facility, Head Start or certified preschool now are required to be immunized against varicella (or have a history of varicella disease) and (for children less than 5 years of age) *Haemophilus influenzae* type b (Hib).

How are school/child care facility records verified by the Department of Health and Social Services?

Annual assessment of the immunization status of children in Alaska's schools and child care facilities has greatly reduced the number of vaccine-preventable diseases occurring in the State. Although a portion of schools/child care facilities receive on-site assessments from Immunization Program staff, it is not possible to visit all facilities each year; thus, the self-assessment program plays a critical role in determining the immunization status of Alaska's children. It also provides schools/child care facilities with a means to check the records of children in attendance and assure their protection against disease.

Self-Assessment Program

Each year all schools and child care facilities receive an *Alaska Annual Immunization Self-Assessment Report* form. This form may be filled out by hand or computer-generated using a **FREE** software application (*Self ImmAGE*) available from the Alaska Immunization Program. The information provided is evaluated to monitor compliance with state immunization regulations. Individual self-assessment results may be reported to the appropriate licensing/certifying agency or department and summary information is reported to the Centers for Disease Control and Prevention.

Because the self-assessment form is completed and submitted to the Immunization Program by school and child care facility staff, the results from the self-assessment may vary from those found by the auditors during an on-site audit. For this reason, **self-assessment compliance rates and on-site audit compliance rates may differ.**

On-Site Audits

Each year a number of schools, preschools, and child care facilities are visited by state immunization staff who review records to ensure children meet immunization requirements. The goal of these visits is to assure adequate protection of Alaska's children while improving immunization procedures. A major emphasis of these visits is to provide assistance in solving any immunization problems.

Upon completion of the review, an exit interview with appropriate facility staff is conducted to discuss the findings and answer any questions. A list of children identified as not meeting requirements, including an explanation as to what is needed, is left with the facility. A list indicating these children have been brought into compliance with the immunization requirements must be submitted to the Immunization Program within 30 days after the audit. A final report of the facility's immunization compliance status is submitted to the appropriate licensing or certifying agency and, in the case of public schools, to the superintendent of the school district.

Where should the completed audit/self assessment reports be sent?

All immunization reports should be sent to: Alaska Immunization Program
3601 "C" Street – Suite 540
Anchorage, AK 99503

How should a facility report the occurrence of a vaccine-preventable disease?

School and child care immunization requirements have nearly eliminated vaccine-preventable childhood diseases. However, outbreaks still occur and can cause mild to serious illnesses, which result in lost time from school/work for children, parents, and teachers/facility staff, as well as cause potentially high medical expenses. Health professionals, including those in school and child care settings, are required to report certain infectious diseases to public health authorities. (A complete list of reportable diseases may be obtained from the Alaska Section of Epidemiology.) Schools and child care facilities without health care providers on site are requested to report diagnosed or suspected vaccine-preventable disease, especially those accompanied by rash and fever, by calling (907) 269-8000 during business hours or 1-800-478-0084 after hours.

Alaska Immunization Requirements:

Reference Charts

What are the names of some common vaccines/vaccine combinations[†] that might be found on a child's immunization record, and what diseases do they protect against?

NOTE: The following table is provided as a reference only. To lessen confusion, **PROVIDERS DOCUMENTING CURRENT IMMUNIZATIONS SHOULD USE GENERIC NAMES** (e.g., DTaP, Hepatitis B) rather than brand names.

Vaccine, by Generic Name or Trade Name (® or ™)	Used for Protection Against This Disease(s)	Additional Information
ACEL-IMUNE®	Diphtheria/ Tetanus/ Pertussis	
ActHIB®	Hib [#]	
Attenuvax®	Measles	
BCG	Tuberculosis	not used in the U.S.
Certiva™	Diphtheria/ Tetanus/ Pertussis	
COMVAX™	Hepatitis B/ Hib [#]	
DAPTACEL™	Diphtheria/ Tetanus/ Pertussis	
DT	Diphtheria/ Tetanus	pediatric formulation for <6 years of age
DTaP	Diphtheria/ Tetanus/ Pertussis	
DTP	Diphtheria/ Tetanus/ Pertussis	
DTwP	Diphtheria/ Tetanus/ Pertussis	
Engerix-B®	Hepatitis B	
Havrix®	Hepatitis A	
HbOC	Hib [#]	brand name: HibTITER®
HBV	Hepatitis B	abbreviation for viral agent: Hepatitis B Virus
Heptavax®	Hepatitis B	last produced in U.S. in 1992
HibTITER®	Hib [#]	
Infanrix™	Diphtheria/ Tetanus/ Pertussis	
IPV	Polio	Inactivated Poliovirus Vaccine
IPOL®	Polio	
Meruvax II®	Rubella	
MR	Measles/ Rubella	
MMR	Measles/ Mumps/ Rubella	
Mumpsvax®	Mumps	
OmniHIB™	Hib [#]	
OPV	Polio	Oral Poliovirus Vaccine
ORIMUNE®	Polio	
PCV7	Pneumococcal disease	Pneumococcal Conjugate Vaccine 7-valent
PedvaxHIB®	Hib [#]	
Prennar™	Pneumococcal disease	caused by <i>Streptococcus pneumoniae</i>
ProHIBIT™	Hib [#]	only for children ≥18 months of age
PPV23	Pneumococcal disease	Pneumococcal Polysaccharide Vaccine 23-valent
PRP-OMP	Hib [#]	brand name: PedVaxHIB®
PRP-T	Hib [#]	brand name: ActHIB®
RECOMBIVAX HB®	Hepatitis B	
Rotashield®	Rotavirus	no longer used in the U.S.
"Sabin"	Polio	Oral Poliovirus Vaccine
"Salk"	Polio	Inactivated Poliovirus Vaccine
Td	Tetanus/ Diphtheria	Adult formulation for >7 years of age
TETRAMUNE®	Diphtheria/ Tetanus/ Pertussis/ Hib [#]	
TriHIBit®	Diphtheria/ Tetanus/ Pertussis/ Hib [#]	
Tripedia®	Diphtheria/ Tetanus/ Pertussis	
Twinrix®	Hepatitis A/ Hepatitis B	In U.S. - Adult formulation for ≥18 yrs of age
VAQTA®	Hepatitis A	
VARIVAX®	Varicella	"chickenpox"
VZV	Varicella	"chickenpox" (abbv'n for Varicella Zoster Virus)

[†] Some listed vaccines are not routinely available in Alaska,

.. PPD and Mono-Vacc® are used for tuberculosis screening. They are *not* vaccines.

Hib = *Haemophilus influenzae* type b

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Why does the medically recommended schedule for vaccines differ from the school and child care facility compliance requirements? What is the difference between when a vaccine is medically recommended and what is required to remain in compliance with Alaska Immunization Regulations?

State of Alaska law requires that Alaska children be appropriately immunized in order to attend school or child care. The legal requirements for COMPLIANCE with the immunization standards represent the **minimal** acceptable immunization standards. This differs from the MEDICALLY RECOMMENDED schedule, which represents the ideal time for a child to receive an immunization.

- **Medical recommendations** are based on the time schedule that has been shown to be effective in protecting children from vaccine-preventable diseases.
- **School and child care compliance standards** utilize the medical recommendations, but they allow some leeway both before and after the recommended schedule.

EXAMPLE: The *medical recommendation* calls for a second dose of DTaP to be given 2 months after the first dose. However, the interval *may* be as little as one month and still provide adequate protection for a child. Therefore, to remain in *compliance*, the dose should be received *at least* one month after the previous dose. Since the recommended time for receipt is 2 months, compliance standards allow for this 2 month interval *plus* an additional month to ensure the child has had adequate time to visit a health care provider.

Illustration: DTaP#1 → DTaP#2

<i>Minimum acceptable interval to assure protection</i>	Medical recommendation	Maximum*
1 month	2 months	3 months

* **“Maximum”** refers to the maximum time period allowed before a child who has not completed the required number of doses would be considered out of compliance. Doses received *after* the “maximum” intervals are medically acceptable and bring the child back into agreement with compliance standards.

TO DETERMINE IF A CHILD’S IMMUNIZATIONS ARE *IN COMPLIANCE*, PLEASE REFER TO THE CHARTS ON THE FOLLOWING SIX PAGES.

Alaska Immunization Compliance Standards FOR CHILD CARE FACILITIES, PRESCHOOLS, AND HEAD START PROGRAMS

Dose #	<i>Diphtheria, Tetanus, Pertussis (DTP/DTaP/DT)</i>		<i>Polio (OPV, IPV)</i>		<i>Measles, Mumps, Rubella (MMR)</i>	
	Required spacing		Required spacing		Required spacing	
	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>
1	Not valid before 6 wks of age	By 3 mos of age	Not valid before 6 wks of age	By 3 mos of age	Not valid before 1st birthday	By 16 mos of age
2	1 mo after #1	3 mos after #1	1 mo after #1	3 mos after #1		
3	1 mo after #2	3 mos after #2	1 mo after #2	1 yr after #2		
4	4 mos after #3	1 yr after #3				
	An additional dose is required if minimum spacing requirements are not met. A child under 7 years of age who has received 6 or more doses does not require more, regardless of spacing.		An additional dose is required if minimum spacing requirements are not met.		An additional dose is required if minimum spacing requirements are not met.	

For compliance purposes:

Age = age in calendar weeks or months (e.g., “by 6 wks of age” or “by 2 mos of age”)

Interval between doses calculated as 28 days = 1 month

“Maximum” (under Required Spacing) - refers to the maximum time period before a child who has not completed the required number of doses would be “out of compliance.” Doses received *after* the “maximum” intervals are medically acceptable and bring the child back into agreement with compliance standards.

Alaska Immunization Compliance Standards FOR CHILD CARE FACILITIES, PRESCHOOLS, AND HEAD START PROGRAMS

Dose #	Hepatitis A		Hepatitis B		Varicella "Chickenpox"	
	Required spacing		Required spacing		Required spacing	
	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum
1	Not valid before 2 nd birthday	By 25 mos of age	At birth	By 2 mos of age	Not valid before 1st birthday	By 19 mos of age
2	6 mos after #1	13 mos after #1	1 mo after #1	3 mos after #1		
3			2 mos after #2 and at least 4 mos after #1	18 mos after #2		
	An additional dose is required if minimum spacing requirements are not met.		An additional dose is required if minimum spacing requirements are not met.		An additional dose is required if minimum spacing requirements are not met.	

IMPORTANT NOTES ABOUT SCHOOL-AGE CHILDREN IN A CHILD CARE SETTING

Children in a licensed child care facility, preschool, or Head Start program who also attend school (grades K-12) must meet:

- school immunization requirements on pp. 12-13 (e.g., 2 doses of measles vaccine)

AND

- the child care facility/preschool/Head Start requirement for varicella. (Although **varicella** immunization or a history of varicella disease is not required for children in grades K-12 in a school setting, it is **required for children of any age attending a licensed child care facility.**)

"Kindergarten" - For the purposes of these guidelines, a "child in kindergarten" is one who was born by August 15th at least five years prior to kindergarten entry. For example, a child entering kindergarten in 2002 must have been born before August 15, 1997. *Definition follows kindergarten age criteria established by the AK Dept of Education and Early Development.*

Special Information about Hib Compliance

Before the introduction of effective vaccines, *Haemophilus influenzae* type b (Hib) was the leading cause of bacterial meningitis among children less than 5 years of age. Hib vaccine has almost completely eliminated the incidence of Hib disease in this country. Appropriate use of this important vaccine requires consideration of several factors, including:

- **AGE** – Both the child’s current age and the age at which he/she received prior doses affect the recommendations for future doses of Hib vaccine.
- **BRAND OF VACCINE USED** – At least three brands of Hib vaccine currently are licensed in the United States. For children beginning Hib immunization in infancy, two brands require 4 total doses, while one requires only 3. **For purposes of compliance**, the 3-dose schedule shown below will be used, regardless of the type of vaccine received.

Child Care, Preschool, & Head Start Page 3 of 3	Alaska Immunization Compliance Standards FOR CHILD CARE FACILITIES, PRESCHOOLS, AND HEAD START PROGRAMS		
Note: <u>HIB is required only for children under 5 years of age</u>			
Dose #	Hib		
	Child’s CURRENT Age	Required spacing	
		Minimum	Maximum
1	6 wks - 59 mos	Not valid before 6 wks of age	By 3 mos of age
2	6 wks - 11 mos	1 mo after #1	3 mos after #1
	12-14 mos	1 mo after #1*	3 mos after #1*
	15-59 mos	2 mos after #1	3 mos after #1 and by 16 mos of age
3	6 wks - 11 mos	Not counted <i>for compliance</i> if received before 12 mos of age	Not applicable
	12-59 mos	2 mos after #2 (Not counted <i>for compliance</i> if received before 12 mos of age)	3 mos after #2 and by 16 mos of age
<p><i>An additional dose is required if:</i></p> <ul style="list-style-type: none"> ● Minimum spacing requirements are not met. <p><i>An additional dose is NOT required if:</i></p> <ul style="list-style-type: none"> ● Child received at least one dose between 15-59 mos of age. ● Child received at least 2 valid doses before 12 mos of age and an appropriately spaced 3rd dose between 12-14 mos of age. ● Child is 5 yrs of age and older. <p>*If a child received dose #1 after 12 mos of age, a minimum of 2 mos is required between dose #1 and #2. To remain in compliance, the child must receive dose #2 a maximum of 3 mos after dose #1 and by 16 months of age. If this child receives dose #2 at least 2 mos after dose #1, no additional doses are needed.</p>			

How do I use the Hib chart (on p. 10) to determine compliance?

- (1) Determine how many valid doses (*i.e.*, those meeting minimum age and spacing standards) a child has received.
- (2) Go to the *next* dose number on the chart. (For example, if a child's record indicates he has received one valid dose, go to the information about dose #2.)
- (3) In the appropriate dose number row, find the child's current age to determine the minimum/maximum spacing standards necessary for compliance.

EXAMPLES:

SAM: Current Age - 10 mos Hib vaccine history - 1 dose at 4 mos of age

- (1) Sam has received one valid dose.
- (2) Go to the row for the next dose (#2).
- (3) Choose the appropriate age range (6 wks-11 mos) and then go to the spacing columns. It has been more than 1 month since Sam received dose #1, so he is beyond the minimum spacing. It also has been more than 3 months since he received dose #1, so he has passed the maximum for compliance.

Result: Sam is out of compliance and must receive his 2nd dose at this time.

MARY: Current Age - 14 mos Hib vaccine history - 1 dose at each of these ages - 2 mos, 4 mos, 8 mos

- (1) Mary has received 3 doses of vaccine. However, not all of them count for compliance. (*See below.*)
- (2) Go to the row for dose #3. Mary received her 3rd dose before she was 12 months of age, so it cannot be counted *for compliance*.
- (3) Since Mary still needs a valid dose #3, in the dose #3 row, choose the appropriate age range (12-59 mos) for her current age, and then go to the spacing columns.
- (4) It has been more than 2 mos since Mary received dose #2, so she has passed the minimum spacing requirement.
- (5) It has been more than 3 mos since Mary received dose #2, but she is not yet 16 mos of age.

Result: Mary may receive her 3rd *valid* dose now or at any time through 16 months of age. If she has not received the dose before she reaches 17 mos of age, she will have passed the "maximum" and will be out of compliance.

BILL: Current Age - 13 1/2 mos Hib vaccine history - 1 dose at 12 mos of age

- (1) Bill has received 1 valid dose.
- (2) Go to the row for the *next* dose (#2).
- (3) Choose the appropriate age range (12-14 mos), then go to the spacing columns.
- (4) It has been more than 1 month since Bill received dose #1, so the chart appears to indicate that he may receive his next dose now. However, the footnote (+) refers to the special circumstances represented by Bill. Because he received his 1st dose after 12 mos of age, at least 2 mos are required between his 1st and 2nd doses.

Result: Bill currently is in compliance. As soon as 2 months have elapsed since his 1st dose, he needs to receive his 2nd dose of vaccine. If he has not received the 2nd dose by 3 months after #1, he will be out of compliance. As shown in the footnote, Bill's 2nd dose will complete his Hib requirement; no additional doses will be needed.

JOHN: Current Age - 16 mos Hib vaccine history - No prior doses of vaccine

- (1) John has never received any Hib vaccine.
- (2) As noted in the chart footnotes, one dose received after 15 mos of age completes the series.

Result: John needs one dose of vaccine now, and then his Hib immunization requirement will be met. He needs no further doses.

Alaska Immunization Compliance Standards FOR STUDENTS IN KINDERGARTEN thru 12TH GRADE

Dose #	Hepatitis A		Hepatitis B	
	Required spacing		Required spacing	
	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>
1	Not valid before 2 nd birthday	Before facility entry	At birth	Before facility entry
2	6 mos after #1	13 mos after #1	1 mo after #1	3 mos after #1
3			2 mos after #2 and at least 4 mos after #1	18 mos after #2
	An additional dose is required if minimum spacing requirements are not met.		An additional dose is required if minimum spacing requirements are not met. 2-dose option for adolescents: Three (3) appropriately-spaced doses of hepatitis B are required <i>unless</i> the school maintains a copy of a medically-verified record that clearly indicates receipt of 2 doses that meet ALL the following criteria: Vaccine Used <ul style="list-style-type: none"> ● Merck <i>RecombivaxHB</i>® ● “Adult” formulation (contains 10 mcg of hepatitis B surface antigen) Age when BOTH doses were received <ul style="list-style-type: none"> ● 11 through 15 years Interval <ul style="list-style-type: none"> ● at least 4 mos between doses ● compliance “maximum” = 7 mos after #1 	

For compliance purposes:

Age = age in calendar weeks or months (e.g., “by 6 wks of age” or “by 2 mos of age”)

Interval between doses calculated as 28 days = 1 month

“Kindergarten” - For the purposes of these guidelines, a “child in kindergarten” is one who was born by August 15th at least five years prior to kindergarten entry. For example, a child entering kindergarten in 2002 must have been born before August 15, 1997. *Definition follows kindergarten age criteria established by the AK Dept of Education and Early Development.*

“Maximum” (under Required Spacing) - refers to the maximum time period before a child who has not received the required number of doses would be considered out of compliance. Doses received *after* the “maximum” intervals are medically acceptable and bring the child back into agreement with compliance standards.

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Alaska Immunization Requirements:

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

Note: Throughout this section (*i.e.*, ‘Frequently Asked Questions’), answers referring to a “child care facility” may be presumed to include preschools and Head Start programs.

RECORDS

What records are required for school/child care entry?

All children enrolled in public/private schools, licensed child care facilities, certified preschools, and Head Start programs **MUST** have an immunization record that is **medically verified** and which documents **all doses and dates for all required vaccines received**. Before a child enters a school/child care facility, parents must present his/her immunization record that provides:

- the **name** of each required vaccine;
- the **date** (*month/day/year*) of each dose received;
- **written verification** of all doses by a physician, clinic, or other authorized medical provider. *NOTE: Unverified records or records signed only by a parent/guardian are not valid documentation of immunizations.*

What is meant by a “medically verified record”?

The parent or guardian of the child must provide a copy of a shot record *verified by a medical provider* that indicates the date(s) of all immunizations the child has received. School district immunization records signed by a school nurse are considered medically verified records. School district immunization records that are not verified by a clinic/health care provider are not “medically verified” and additional records will be needed. A facsimile (“fax”) record from a medical provider is acceptable as a verified medical record.

Can an immunization record be verified by telephone with a medical provider’s office?

No. A valid written immunization record must be maintained on file at the school or child care facility. [Note: A facsimile (“fax”) record from a medical provider is acceptable as a verified medical record.]

Should a facility consider a partial record and/or statement signed by a physician stating “All doses received”, “Complete”, “Up to Date”, “Primary series complete”, or other similar statements to be a valid immunization record?

No. Statements about immunizations that do not contain dates for each vaccine received are NOT adequate for attendance. The parent should contact his/her physician and request a new record documenting all vaccinations and dates administered.

Can a school or child care facility maintain immunization records in a computer database ONLY?

No. Although a computerized file may be developed for the convenience of the school/child care facility, a copy of a written immunization record verified by a medical provider also must be maintained for each child in the facility.

Can a child be admitted to a child care facility provisionally, while waiting on an immunization record?

All children admitted to child care facilities are required to have an immunization record upon entry. The only potential exceptions to this requirement are:

- 1) For those child care facilities that provide drop-in care, children are allowed to be placed in the facility for *one visit only*. The parent or guardian must provide the child care facility with an appropriate immunization record on the second visit.
- 2) If a child registers for child care entry in a community where regular medical services are not available on *at least* a weekly basis, he/she may be provisionally admitted for a reasonable time for the prevailing circumstances, but not exceeding 60 days after enrollment (4 AAC 62.450). **Any such provisional exceptions must be reported by the child care facility to the Alaska Immunization Program at 269-8000.**

Can a child be admitted to a school provisionally, while waiting on an immunization record?

All children admitted to school are required to have an immunization record upon entry.

The only exception in which provisional admittance may be allowed is if a child registers for school in a community where regular medical services are not available on *at least* a weekly basis. He/she may be provisionally admitted for a reasonable time for the prevailing circumstances, but not exceeding 90 days after enrollment (4 AAC 06.055). **Any such provisional exceptions must be reported by the school to the Alaska Immunization Program at 269-8000.**

Are transfer students required to provide immunization documentation before being admitted into a new school?

Yes. Before entry, all children transferring from one Alaska school to another or from schools outside Alaska to an Alaska school are required to provide the new school with a *date and dose specific, medically verified* immunization record. (Note: School district immunization records signed by a school nurse are considered medically verified records. School district immunization records that are not verified by a clinic/health care provider are not “medically verified” and additional records will be needed.)

What should be done if a parent is adamant that his/her child has been vaccinated, but the record was lost or cannot be obtained?

Children without records cannot be admitted. It is the parents' responsibility to have medically verified immunization records for their children. Several options are available to the facility/parent in this situation.

- The parent can call his/her child's primary health care provider and obtain a new record.
- A child may be vaccinated (in an age appropriate fashion) with one dose of each required vaccine. **The facility then has the responsibility to follow up with the parent to ensure that written records or additional vaccines are received in a timely manner.** (See pp. 8 – 13.) It is the parent's responsibility to provide the valid immunization records.
- Proof of immunity may be obtained through laboratory testing, as outlined on p. 20.
- A medical exemption may be obtained, if appropriate, from an Alaska-licensed medical doctor (MD), doctor of osteopathy (DO), advanced nurse practitioner (ANP) or physician assistant (PA). Other health care providers, such as registered nurses, chiropractors and naturopaths are **not** authorized to sign medical exemptions. The *Medical Exemption Form* on p. 37 can be used for this purpose. (If exemption forms are not used, refer to the exemption section on p. 19.)
- Child care "drop-in" children must have a valid immunization record on the second visit to the facility.

Are child care facilities required to maintain immunization records for children who also attend school?

Yes. A current immunization record must be maintained on EVERY child attending the child care facility.

Are child care facilities required to maintain varicella and Hib immunization records for children who also attend school?

Regardless of their age, children who attend a licensed child care facility must have a record indicating **varicella** vaccine has been received or documenting a history of varicella disease. School-aged children do not need documentation of **Hib** immunization because Hib vaccine is not given to children five years of age or older. (For more information, see "Important Notes about School-age Children in a Child Care Setting" on p. 9.)

Are schools required to maintain immunization records for preschool children?

Yes. Preschool children attending a public or private school must have an immunization record on file with the school.

Are schools required to assure that correspondence students and/or students who participate in organized school-sponsored activities (e.g., band or an athletic team) meet state immunization requirements?

Students who attend school **ONLY** by correspondence are not required to be immunized. However, all students who **PHYSICALLY** attend school (including “correspondence” students who might attend for short periods of time) or participate in organized school activities must meet Alaska immunization requirements.

When should immunization records be reviewed to determine “out of compliance” status of children?

The time to first assess a child’s immunization status is upon school/child care entry. At that time, a listing could be established to serve as a reminder about children needing additional doses of vaccine at a later date. This would provide facilities with an easy method for determining “out of compliance” status based upon their own reminder system. A facility also might need to take into account the availability of health care services, *i.e.*, more remote locations with infrequent health care access might want to check on compliance status immediately before the arrival of the health care provider, so that children in need of immunizations could be brought up to date.

When should records be reviewed to determine compliance with the 10-year Td (tetanus-diphtheria) booster?

There is **no minimum spacing requirement** for this booster. Therefore, a child is in compliance with Alaska immunization law until 10 years have elapsed since his/her last DTaP (or other diphtheria-tetanus vaccine formulation). Schools may establish their own methodology to determine that all students have received a Td booster within the previous 10 years. Many find this is most easily accomplished by reviewing a particular cohort such as a grade, age, etc., and notifying parents that a booster is due. However, keep in mind that children remain in compliance with Alaska immunization law and **cannot be excluded unless 10 years have elapsed since the last DTaP** (or other diphtheria-tetanus vaccine formulation) **was received**. Exclusion prior to 10 years for this immunization is not supported by Alaska’s immunization requirements.

Special Note: Due to a national shortage of Td vaccine, this requirement was deferred during school years 2001/2002 and 2002/2003. Because sufficient vaccine supplies are now available, the Td booster requirement will be reinstated in the fall of 2003 at the beginning of the 2003/2004 school year.

How should a facility deal with an immunization record from a foreign country, *i.e.*, when the record is in a foreign language or is not date/dose specific?

Immunization requirements are the same for all children. Translation support for foreign records is available through the Immunization Program at (907) 269-8000.

EXEMPTIONS

Are there any allowable exemptions to Alaska immunization requirements?

Alaska's School and Child Care Immunization Regulations (pp. 27-30) allow limited exemptions to the immunization requirements, when submitted with the following designated information:

- a) **Medical** - a statement signed by a Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Nurse Practitioner (ANP) or Physician Assistant (PA) licensed to practice in Alaska affirming that in his/her professional opinion immunization would be injurious to the health of the child or members of his family or household.
- b) **Religious** – an affidavit signed by the child's parent or guardian affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant is a member.

⇒ *NOTE: Personal or philosophical exemptions are NOT accepted.*

Sample medical and religious exemption forms may be found on p. 37 (medical) and p. 38 (religious). Although *the form itself is not required* for either type of exemption, a religious exemption request must contain the exact wording as detailed in the immunization regulations.

A list should be kept of all exempt children, including those children in a waiting period. In the event of an outbreak, these children must be quickly identified and encouraged to receive appropriate vaccinations or be excluded.

Which state regulations require that an Alaska-licensed MD, DO, ANP or PA sign the medical exemption?

The state regulations that deal with medical exemptions are 4 AAC 06.055 (b)(3) and 4 AAC 62.450 (c) (2). See pp. 27-30.

What should be done when a child did not receive a needed immunization because he/she was sick?

The child's MD, DO, ANP or PA must provide a medical exemption statement to the parent. The parent/guardian is responsible for providing a copy of this medical exemption statement to the school/child care facility, where it will remain on file.

What should be done if parents do not want their child(ren) to receive a required immunization because they think the child is already immune, either by having the disease or from a prior immunization?

It will cause no harm to the child to receive a vaccine for a disease to which he/she is already immune. However, if a parent prefers that the child not receive additional immunizations, immunity may be proven as follows:

FOR VARICELLA (“chickenpox”) ONLY: If a parent reports that his/her child has already had chickenpox, varicella vaccine is not needed. A parental report of chickenpox should be documented in the facility record and the child’s medical record. Children in a child care facility who have never been vaccinated against chickenpox or never had the disease will need the immunization.

DISEASES OTHER THAN VARICELLA: A child must have either the required immunizations or must have *laboratory-confirmed* (usually this requires a blood test) immunity against a specific disease.

PROCEDURE FOR CLAIMING LABORATORY-CONFIRMED IMMUNITY:

- (1) The child must receive appropriate laboratory testing (*i.e.*, antibody levels indicating immunity to the specific disease) verified by an Alaska-licensed medical doctor (MD), doctor of osteopathy (DO), advanced nurse practitioner (ANP), or physician assistant (PA). (*Note: The State of Alaska does not provide free antibody testing except in the circumstances of an ongoing outbreak.*)
- (2) An Alaska-licensed MD, DO, ANP, or PA must evaluate the laboratory result to determine if it indicates immunity. If the medical professional determines the result shows immunity to a disease, he/she should give the following to the child’s parent/guardian:
 - A copy of the laboratory report **and**
 - A cover note stating the child does not need additional doses of the specified vaccine because the child is already immune to the disease in question.
- (3) The parent must submit **both the laboratory report and the cover note** to the child’s school or child care facility to meet the immunization requirement.

What if parents sign a religious exemption statement because the law does not allow for personal or philosophical exemptions?

All religious exemptions must be documented on the “Religious Exemption Form” (sample, p. 38) or contain the *exact* exemption wording found in 4 AAC 06.055 (b)(3) or 4 AAC 62.450(c)(2). The parent or guardian must sign the statement which states “I/We affirm that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant is a member.” A parent who signs such a statement based upon philosophical opposition to immunization is in violation of Alaska law.

Does a religious exemption form have to be notarized?

Alaska Immunization regulations 4 AAC 06.055 (b)(3) and 4 AAC 62.450 (c)(2) state that immunization requirements do not apply if the child has “an affidavit signed by his parent or guardian affirming that immunizations conflict with the tenets or practices of the church or religious denomination of which the applicant is a member.” The state-recommended *Religious Exemption Form* (p. 38) provides the format for acknowledgment of the affidavit by a Notary Public. During routine on-site assessments, Alaska Immunization Program staff will collect information about whether religious exemptions are notarized, but they will not classify exemptions that lack a notary’s signature as being “out of compliance.” Schools and child care facilities should develop their own policies about whether they will accept religious exemptions that have not been signed by a notary public.

VACCINES

Why are children in a child care facility, preschool, or Head Start program (i.e., prior to kindergarten entry) not required to have a DTaP booster after they turn 4 years of age even though they are sometimes in a facility with children in grades kindergarten and higher who are required to have an additional dose after 4 years of age?

The standard medical recommendation is for a child to receive a dose of DTaP at some point between 4-6 years of age. This dose boosts/strengthens immunity that was developed as the result of previously received doses. Although the medical recommendation is based upon an age range, the REQUIREMENT is based only upon *kindergarten entry* (i.e., a grade rather than an age cohort) because operationally, this is often the most readily accessible time at which to check the child's record.

Why should a child receive no more than 6 DTaP immunizations (regardless of spacing) before 7 years of age?

When administered too frequently, diphtheria and tetanus toxoids (the "DT" portion of the vaccine) can produce increased rates of reactions in some persons. These reactions are thought to result from the formation of "antigen-antibody complexes." If a child has received at least 6 doses of vaccine, it is likely at least some of the doses were given at sufficient intervals to be effective. Therefore, 6 doses are sufficient, and this limit reduces the chance of the occurrence of a vaccine reaction.

Since a child needs at least 4 DTP/DTaP and at least one dose should be after the 4th birthday, should a parent just delay getting the 4th DTP/DTaP until after the child is 4 years of age?

No. For adequate protection against diphtheria (D), tetanus (T), and pertussis (P), children should adhere to the recommended schedule and receive a full series of 4 DTP/DTaP before their 4th birthday. This is especially important because the impact of these diseases can be most damaging when a child is younger. Children 4 years of age must have four appropriately spaced doses of DTP/DTaP (unless they are in a "waiting period" before they may receive additional doses) to remain in compliance for admission into a licensed child care facility, certified preschool, or Head Start program.

Is a record indicating receipt of fractional (split) doses of DTaP acceptable?

While not a recommended procedure, some records may show the standard DTaP dose of 0.5 ml was cut in half. For immunization requirements, fractional doses that add up to 0.5 ml may NOT be counted as one dose. *If this has occurred, the immunization must be repeated.*

Why is Hib vaccine not recommended for a child 5 years of age and older?

Recommendations for the age at which vaccines are administered are influenced by many factors, including the age-specific risks of disease and disease complications. Hib disease is uncommon in persons 5 years of age and older.

Are both IPV (inactivated poliovirus vaccine) and OPV (oral poliovirus vaccine) acceptable for meeting the polio immunization requirement?

Either vaccine may be counted toward meeting the polio immunization requirement.

Can MMR vaccine and/or varicella be given at the same time as PPD?

Yes, if they are given on the same day. If they are not given on the same day:

- The MMR and/or varicella may be given at any time AFTER the PPD.
- The PPD should be delayed until at least 4-6 weeks after the MMR and/or varicella. (MMR/varicella immunization may temporarily suppress the TB skin test reactivity.)

Is it acceptable for children to receive separate antigens (e.g., separate vaccines for measles, mumps, and rubella) or must they receive combination vaccines such as “MMR”?

It is acceptable for a child to receive protection against diseases through either individual antigens or equivalent combination vaccines, when they are available. However, combinations are preferred because using single antigens requires more doses be given over a longer period of time, greatly increasing the possibility that a child will remain unprotected. Combination vaccines such as MMR, DTaP, and Hib-Hep B are in general use throughout the United States.

If a child lacks a single antigen (e.g., pertussis) from a vaccine that usually is given in combination with other antigens (e.g., DTaP), what actions should be taken?

Any child who does not have the required number of antigens should be referred to his/her medical provider. The child will need to obtain either (a) the needed antigen or (b) an exemption from the needed antigen.

Why is rubella vaccine recommended but not required for children over 12 years of age?

When the Alaska immunization laws were passed in 1977, it was not known if vaccinating women of childbearing age with rubella posed a risk to the fetus, should a woman become pregnant. Evidence obtained since then has not substantiated this concern. However, current law provides authority only to strongly recommend children over age 12 receive rubella vaccine.

Which vaccines are contraindicated for pregnant teens?

Although there is no evidence that any “live” vaccine (i.e., measles, mumps, rubella, varicella) causes birth defects, the theoretical possibility exists. Therefore, live vaccines generally should not be given to pregnant females. However, “inactivated” vaccines such as tetanus/diphtheria (Td) present no problem to a pregnant woman or her fetus and may be safely administered during pregnancy. Females who are not adequately immunized and become pregnant should discuss immunization issues with their physician or other health care provider. If it is determined that vaccines are contraindicated, a valid medical exemption must be provided by a MD, DO, ANP or PA.

SPACING

Why is it important to check minimum spacing between vaccine doses?

Although a consideration of spacing makes the analysis of a child’s immunization record more complicated, it is critically important in determining if the child is adequately protected. The required spacing between vaccine doses is based on the body’s ability to respond to the immunization. If this minimum spacing is not maintained, the body may be unable to build the proper antibody response and the child will not be protected. Therefore, when the Immunization Program conducts audits and determines children received immunizations at less than the minimum intervals, the immunization is not counted and must be repeated. Acceptable spacing between immunizations is shown on pp. 8 – 13.

Why must vaccines be repeated if received before the minimum age or minimum interval between doses?

Children who receive vaccines before the minimum recommended age or minimum interval between doses might not develop an adequate antibody response to the immunization. For example, a child temporarily retains antibodies from its mother against certain diseases, which can interfere with the effectiveness of some types of vaccines. Therefore, even though a child physically received a “shot”, it may have been ineffective in protecting him/her against disease.

If vaccines are given 1 or 2 days before the minimum required age or minimum interval, “only 1 day early” would easily slip to “only two days early” to “only 1 or 2 weeks early”, etc., until a child would be unprotected. By consistently maintaining the minimum age requirement and minimum interval for all vaccines, children are assured of protection. Refer to charts on pp. 8 – 13 for minimum spacing requirements.

What is the appropriate timing/schedule if a vaccine dose must be repeated?

Because it may have been ineffective, a dose is considered “invalid” if it is given before the minimum age or minimum interval from a prior dose. This invalid dose does not meet Alaska immunization requirements and must be repeated. Recent medical recommendations have noted that the timing for repeating the vaccine should be when at least a minimum interval has passed since the “invalid” dose. Therefore, for auditing purposes, the Alaska Immunization Program will count from the invalid dose when determining whether the compliance “maximum” has been surpassed. This allows providers the

greatest amount of time to bring a child into compliance. If a child's immunization record indicates the dose was previously repeated and it was at least a minimum interval from the last *valid or invalid* dose, it will be considered compliant and will not be required to be repeated.

How do I count days when considering immunization spacing?

Count the date of birth or the date of the latest immunization as "day 0", the next day as "day 1", and continue sequentially from there.

Do children need to repeat an entire vaccine series if their immunizations were not given according to the "compliance" schedules shown on pp. 8-13?

NO. In general, any doses given after the minimum acceptable age and with proper spacing between doses may be counted toward completion of a vaccine series. It is not necessary to restart the series of any vaccine due to an extended interval between doses.

For example, a child may have received dose #1 of hepatitis B at birth and dose #2 at 6 months of age, but never received dose #3. The minimum interval of one month required between the first two doses was met. Even though the child is now beyond the "maximum" period listed on the compliance charts (pp. 8 – 13), it is perfectly valid to receive dose #3 at this time to complete the series. MEDICALLY, there is no such thing as a maximum time period between doses; a vaccine series may be continued at any point in time without re-starting the entire series. For COMPLIANCE purposes, "maximum" is an operational term established to provide schools and child care facilities a cut-off point at which time they can determine they have waited "long enough", and now a child needs to be brought up to date. A vaccine given AFTER this time period has expired is completely medically effective, however, and acceptable for compliance purposes.

What should be done if the immunization record shows that vaccines were received at intervals (months or years) longer than those recommended.

As noted in the previous question, **all** doses given at intervals *longer* than recommended should be counted, as this does not lessen the effectiveness of the vaccine.

What should be done if a child's record indicates a 3-dose series of hepatitis A?

For compliance purposes, the Alaska Immunization Program will accept 2-3 doses of any formulation of hepatitis A vaccine received after 2 years of age, as long as any 2 of the doses are separated by at least 6 months.

RESOURCES

How can someone obtain information about immunization resources available in Alaska?

Contact the Alaska Immunization Program at **269-8000** or through the Alaska Immunization Hotline at **1-888-430-4321**. E-mail requests may be sent to immune@epi.hss.state.ak.us

Is a computer program available to assist in determining if a child's immunizations are in compliance with Alaska immunization requirements?

YES. Contact the Alaska Immunization Program (phone and e-mail shown above) to obtain a **free** CD of *Self ImmAGE*, a software application that may be used to determine compliance with state immunization requirements. *Self ImmAGE* also will generate the *State of Alaska Annual Immunization Self-Assessment Report* and several reports that can assist with internal management of immunization data.

Where can needed immunizations be obtained?

Immunizations needed for school or child care facility attendance may be obtained through any public health center free of any charges or through a private medical provider. The private provider may charge an administration fee for immunization services. Information about providers in each area of the state may be obtained by calling the local public health center or the Alaska Immunization Hotline at **1-888-430-4321**.

Are there internet websites available that provide accurate and up-to-date information about Alaska immunization requirements and general information about vaccines?

Yes. Some of the most helpful websites for immunization information are:

<u>Organization</u>	<u>Website</u>
Alaska Immunization Program	www.epi.hss.state.ak.us
CDC National Immunization Program	www.cdc.gov/nip
CDC Hepatitis Branch	www.cdc.gov/ncidod/diseases/hepatitis/index.htm
Immunization Action Coalition	www.immunize.org
National Network for Immunization Information	www.immunizationinfo.org

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Alaska Immunization Requirements: Appendices

- A) Immunization Statutes and Regulations**
- B) Sample Communications with Parents**
- C) Medical Exemption Form**
- D) Religious Exemption Form**
- E) Glossary**

**School and Child Care Facility Immunization Requirements:
Applicable Excerpts from Alaska Statutes and Regulations**

SCHOOLS (includes some PRESCHOOL references)

STATUTES

AS 14.07.020. Duties of the Department. [Dept of Education and Early Development]

(a) The department shall:

- (7) prescribe by regulation...standards in addition to the requirements of AS 18.15.145 that will assure healthful and safe conditions in the public and private schools of the state including a requirement of physical examinations and immunizations in pre-elementary schools; the standards for private schools may not be more stringent than those for public schools;

AS 14.30.125. Immunization.

If in the judgment of the commissioner of health and social services it is necessary for the welfare of the children or the general public in an area, the governing body of the school district shall require the children attending school in that area to be immunized against the diseases the commissioner of health and social services may specify.

REGULATIONS

4 AAC 06.055 IMMUNIZATIONS REQUIRED.

- (a) Before entry in a state public school district or nonpublic school offering pre-elementary education through the 12th grade, or any combination of these grades, a child shall be immunized against
- (1) diphtheria, tetanus, polio, pertussis, measles and rubella, except that pertussis is not required in children over six and rubella is not required in children 12 years or older; and
 - (2) beginning July 1, 2001, mumps, hepatitis A, and hepatitis B.
- (b) This section does not apply if the child
- (1) has a valid immunization certificate consisting of
 - (A) a statement by a physician listing the date that each required immunization was given; or
 - (B) a copy of a clinic or health center record listing the date that each required immunization was given;

- (2) has a statement signed by a doctor of medicine (M.D.), doctor of osteopathy (D.O.), physician assistant, or advanced nurse practitioner licensed to practice in this state, stating that immunizations would, in that individual's professional opinion, be injurious to the health of the child or members of the child's family or household; or
 - (3) has an affidavit signed by his parent or guardian affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant is a member.
- (c) A student registering in a school in a community where regular medical services are not available on at least a weekly basis and who does not have the required immunizations, may be provisionally admitted to a pre-elementary, elementary or secondary program for a reasonable period of time for the prevailing circumstances but not exceeding 90 days after enrollment. No children will be provisionally admitted except in exceptional circumstances. Where exceptions are granted, they shall be reported to and discussed with the communicable disease section of the division of public health, Department of Health and Social Services, who will then be responsible for determining that the required immunizations are completed during the provisional period.
- (d) If a parent or guardian is unable to pay the cost of immunization, or immunization is not available in the district or community, immunization shall be provided by state or federal public health services.
- (e) Immunizations shall be recorded on each pupil's permanent health record form.
- (f) School districts shall initiate action to exclude from school any child to whom this section applies but who has not been immunized as required by this section.

History - Eff. 1/13/73, Register 44; am 8/28/77, Register 63; am 12/20/2000, Register 156

Authority - AS 14.07.020 AS 14.30.125,

Note: For additional preschool information, see AAC 60.100 under *Child Care Facilities* (on p. 29).

CHILD CARE FACILITIES (includes some PRESCHOOL references)

STATUTES

AS 14.07.060. Regulations. [Board of Education]

The board shall adopt regulations that are necessary to carry out the provisions of this title. All regulations shall be adopted under AS 44.62 (Administrative Procedure Act).

AS 14.37.020 Powers of department. [Dept of Education and Early Development]

- (a) The department may
 - (3) adopt regulations to implement the provisions of this chapter, including regulations establishing certification and licensure procedures, standards, and fees; establishing requirements for operation of facilities licensed under this chapter; and distinguishing between types of child care facilities;

REGULATIONS

AAC 60.100 PHYSICAL EXAMINATION FOR CHILDREN [for children in a Pre-Elementary (Early Childhood) School]

- (a) (deals with tuberculosis skin testing)
- (b) Before first entering school, a child must have received the immunizations required under 4 AAC 62.450(b) or provide evidence of exemption described in 4 AAC 62.450(c).

4 AAC 62.450 HEALTH IN CHILD CARE FACILITIES.

- (a) At or before admission of a child, a childcare facility shall obtain from the child's parent
 - (1) a valid immunization certificate; or
 - (2) evidence that the child is exempt from immunization.
- (b) A valid immunization certificate is a copy of the child's original immunization record showing that, in a manner consistent with the timetable prescribed by the Department of Health and Social Services childhood immunization schedule, the child has received, or has begun and is continuing to receive, immunizations for the child's age against
 - (1) diphtheria, tetanus, polio, measles, and rubella;
 - (2) if the child is less than seven years of age, pertussis; and
 - (3) beginning July 1, 2001, mumps, hepatitis A, hepatitis B, chickenpox, and *Haemophilus influenzae* type b. The 2000 version of the Department of Health and Social Services childhood immunization schedule is adopted by reference. The immunization record is limited to either or both a statement by a physician, listing the date that each required immunization was given, or a clinic or health center record listing the date that each required immunization was given.

- (c) Evidence of exemption from immunization must include one of the following:
- (1) A statement signed by a doctor of medicine (M.D.), doctor of osteopathy (D.O.), physician assistant, or advanced nurse practitioner licensed in this state, stating that immunizations would, in that individual's professional opinion, be injurious to the health of the child or members of the child's family or household;
 - (2) an affidavit signed by the child's parent or guardian, affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the parent or guardian is a member; or
 - (3) entry for a one day exemption that the child is attending the childcare facility for the first time.
- (d) A childcare facility in a community where regular medical services are not available on at least a weekly basis may provisionally admit a child who does not have the immunization certificate required under (a) of this section until the certificate can be obtained, but for no longer than 60 days.
- (e) A satisfactory immunization audit report from the Department of Health and Social Services division of public health during the previous licensure period will be accepted as evidence that the childcare facility satisfied the requirements of (a) - (d) of this section.
- (f) A childcare facility may admit a mildly ill child or allow the child to remain in attendance if the child's needs do not compromise the care of other children.
- (g) A childcare facility that cares for a mildly ill child shall arrange a plan of care with the parent and provide a place where, under supervision, the child may rest or play quietly, apart from other children, where warranted.
- (h) A childcare facility may not admit a child who shows definite signs of a serious illness or of a highly communicable disease or allow the child to remain in attendance unless a medical provider approves the child's attendance.
- (i) A childcare facility shall provide an opportunity for supervised rest or sleep periods for each child under the age of five who is in care for more than five hours, and for any other child, if desired by the child. For a child who is unable to sleep, the childcare facility shall provide time and space for quiet play.

History - Eff. 1/1/96, Register 136, am 3/1/98, Register 145; am 12/30/2000, Register 156

Authority - AS 14.07.060 AS 14.37.020

Editor's Notes - Alaska's childhood immunization schedule prescribed by the Department of Health and Social Services Division of Public Health may be obtained from the Division of Public Health, P.O. Box 110610, 350 Main Street, Room 503, Juneau, Alaska, 99811-0610 or any other office of that division in the state.

FULL TIME CARE FACILITIES

Note: Per 7 AAC 50.990(23), “full time care facility” means a foster home or a residential childcare facility.

STATUTES

AS 44.29.020 Duties of department. [Dept of Health and Social Services]

- (a) The Department of Health and Social Services shall administer the state programs of public health and social services, including
- (8) management of state institutions, except for adult penal institutions;

AS 47.35.010 Powers of department. [Dept of Health and Social Services]

- (a) The department may
- (1) license and supervise foster homes, residential child care facilities, semi-secure residential child care facilities, secure residential psychiatric treatment centers, child placement agencies, and maternity homes;
 - (3) adopt regulations to implement the provisions of this chapter, including regulations establishing licensure and renewal procedures, standards, and fees; establishing requirements for operation of facilities or agencies licensed under this chapter; and distinguishing between types of facilities;

REGULATIONS

7 AAC 50.455 HEALTH IN FULL TIME CARE FACILITIES.

- (a) A full time care facility shall either obtain evidence of immunization as specified in this section for each child in care or initiate immunizations as specified in this section no later than 30 days after the child is in care. A full time care facility shall ensure that each child in care has or is given, in a manner consistent with the timetable prescribed by the department’s childhood immunization schedule, immunizations appropriate to the child’s age against
- (1) diphtheria, tetanus, polio, measles, and rubella;
 - (2) if the child is less than seven years of age, pertussis; and
 - (3) beginning July 1, 2001, mumps, hepatitis A, hepatitis B, chickenpox, and *Haemophilus influenzae* type b. If a child has not received all immunizations as provided in the schedule, the facility shall initiate completion of immunizations as rapidly as is medically indicated.
- (b) A full time care facility shall obtain health information on each child under care when the child is accepted for care, to the extent possible. In addition to the information required to be obtained by 7 AAC 50.300(a), health information to be obtained by the facility must include
- (1) the date of the child’s last physical examination and the name of the medical provider who conducted it;
 - (2) a report of any health problems of the child; and
 - (3) the child’s immunization history.

- (c) If a child over three years of age has not been under regular medical supervision or has not had a health examination by a licensed physician, physician's assistant, or public health nurse within one year before the child's admission to the full time care facility, a full time care facility shall arrange for an examination to be completed within 30 days in accordance with the early periodic screening, diagnosis, and treatment (EPSDT) schedule set out in 7AAC 43.452 and shall provide continuing medical and dental services according to that schedule. A full time care facility shall arrange for the examination of a child three years of age or younger within 30 days of receiving the child for care, unless the child has had a health examination within three months of admission, and shall provide continuing care according to the EPSDT schedule.
- (d) A full time care facility shall ensure that each child in care three years of age or older is given a dental examination by a licensed dentist at least once a year and provided dental treatment as needed.
- (e) A full time care facility may not have human immunodeficiency virus and acquired immune deficiency testing done on a child in care.
- (f) A full time care facility shall
 - (1) maintain medical, dental, immunization, and treatment records; and
 - (2) document any medical or dental care or treatment for which documentation was not provided by the medical or dental provider of service.
- (g) A residential child care facility must have a plan for maintaining and promoting the health of children in care that addresses
 - (1) the prevention of illness, the correction of health defects, and the provision of routine and emergency medical and dental care;
 - (2) ongoing appraisal of the general health of each child in care;
 - (3) the care of minor acute illnesses;
 - (4) action to be taken in the event of medical emergencies; and
 - (5) administration of medication.

History - Eff. 1/1/96, Register 136; am 3/1/98, Register 145; am 12/30/2000, Register 156

Authority - AS 44.29.020 AS 47.35.010

Editor's Notes - Alaska's childhood immunization schedule prescribed by the department's Division of Public Health may be obtained from the Division of Public Health, P.O. Box 110610, 350 Main Street, Room 503, Juneau, Alaska 99811-0610 or any other office of the division in the state.

Sample Communications with Parents/Guardians

The following pages provide *sample* letters that may be used to notify parents of immunization requirements. These samples have been written to be as simple and concise as possible, yet still communicate essential information to parents. These letters may be modified by adding local letterhead, clinic hours, phone numbers, etc.

- 1) Immunization Notice to Parents/Guardians of Children in Child Care Facilities, Head Start or Preschool**
- 2) Immunization Notice to Parents/Guardians of Children in School**
- 3) “Important Notice Requiring Response” (*re: Needed Immunizations*)**
- 4) “Exclusion Notice” for Inadequate Immunizations**

Immunization Notice to Parents/Guardians of Children in Child Care Facilities, Head Start or Preschool

NO SHOTS, NO CHILD CARE

Alaska law requires children attending this child care facility be appropriately immunized against the following vaccine-preventable diseases:

Diphtheria	Measles	Hepatitis B
Pertussis	Mumps	<i>Haemophilus influenzae</i> type b (Hib)
Tetanus	Rubella	Varicella (chickenpox)
Polio	Hepatitis A	

It is your responsibility to have your child immunized and to provide this facility with a *medically verified, date and dose specific immunization record* for all required immunizations he/she has received.

Factors determining when your child gets which doses of vaccine include his/her:

- age;
- when he/she began the immunization series;
- the length of time since a previous dose was received;
- grade, if he/she attends school.

For specific information on which immunizations your child should receive, please consult your physician or health clinic.

Immunization Notice to Parents/Guardians of Children in School

NO SHOTS, NO SCHOOL

Alaska law requires children attending school be appropriately immunized against the following vaccine-preventable diseases:

Diphtheria	Polio	Rubella
Pertussis	Measles	Hepatitis A
Tetanus	Mumps	Hepatitis B

It is your responsibility to have your child immunized and to provide this school with a *medically verified, date and dose specific immunization record* for all required immunizations he/she has received.

Factors determining when your child gets which doses of vaccine include his/her:

- age;
- when he/she began the immunization series;
- the length of time since a previous dose was received.

For specific information on which immunizations your child should receive, please consult your physician or health clinic.

IMPORTANT NOTICE REQUIRING RESPONSE

Date: _____

Dear Parent/Guardian of _____ Date of Birth _____

Alaska immunization regulations require receipt of specific vaccines in order to attend school/child care. Our records indicate your child may not be adequately immunized as required by these regulations.

What should you do?

- **TAKE THIS LETTER WITH YOU** when you visit your physician, health department, or clinic. A copy of your child's immunization record as we have it is attached. **The boxes marked below indicate the information or doses needed for your child's records.**
- Obtain dates of the indicated immunizations or have your child immunized.
- Provide us with a record of the dates for any immunizations received. This information must be verified by a medical provider.

If you have questions or need additional information, please call _____ at _____ . **A RESPONSE TO THIS LETTER IS REQUIRED.**

	<i>Dose #1</i>	<i>Dose #2</i>	<i>Dose #3</i>	<i>Dose #4</i>	<i>Dose #5</i>	<i>10 yr booster</i>
DTaP/ DT/ Td						
Polio						
Measles						
Mumps						
Rubella						
Hepatitis A						
Hepatitis B						
<i>Haemophilus influenzae</i> type b ("Hib")						
Varicella ("chickenpox")						

Special note(s) for medical provider:**Vaccine**

- _____ Date(s) or dose(s) are missing.
- _____ Minimum age or minimum spacing requirements are not met, which may reduce the immunization's effectiveness.
- _____ Incomplete date(s)/unable to determine proper spacing.
- _____ Date(s) for the dose(s) must be verified by a physician, clinic, or other authorized health care provider.
- _____ Medical exemption must be signed by an Alaska-licensed MD, DO, ANP, or PA.
- _____ Record says "disease history", but lab result and/or medical interpretation are not in record.

Other: _____

**EXCLUSION NOTICE
FOR INADEQUATE IMMUNIZATIONS**

Facility

Date

Child's Name

Dear Parent or Guardian:

According to our records your child has not met all the Alaska immunization requirements. Your child will be excluded on ____/____/____ unless we receive from you:

- 1) *written* documentation from your doctor/clinic listing the date(s) of the required immunization(s) your child has received, or
- 2) a statement from an Alaska-licensed medical doctor (MD), doctor of osteopathy (DO), advanced nurse practitioner (ANP) or physician assistant (PA) stating that immunizations would, in that individual's professional opinion, be injurious to the health of the child or members of the child's family or household.

To comply with immunization regulations, we specifically need the following:

If we do not receive this information from you before the exclusion date, we will be forced to exclude your child from attendance. We regret that we must take this action, but state regulations require that, to attend our facility, children must be appropriately immunized or have a valid medical or religious exemption. We strictly enforce a "No Shots - No Attendance" policy in accordance with state regulations.

Your child may be readmitted as soon as you present the appropriate record or statement. The required immunizations may be given to your child by your regular health care provider. There is no charge for vaccines administered by the Public Health Department.

If you have any questions, please call me at _____.

Signature

ALASKA IMMUNIZATION REQUIREMENTS MEDICAL EXEMPTION FORM

Alaska Immunization Regulations 4 AAC 06.055, 4 AAC 62.450, and 4 AAC 60.100 require that all children in Alaska public/private schools, certified preschools, and licensed child care facilities be immunized against *pertussis* (for children less than 7 years of age), *diphtheria*, *tetanus*, *polio*, *measles*, *mumps*, *rubella*, *hepatitis A*, *hepatitis B*, *varicella* (for children in child care facilities and preschools) and *Haemophilus influenzae type b* (for children less than 5 years of age in child care facilities or preschools), unless he/she is exempt for medical or religious reasons.

If a MEDICAL exemption is requested, complete the required information below and return this form to the school, preschool, or child care facility.

Name of Child

Birthdate

Name of Facility

Address

City

Telephone

The following section must be completed by an Alaska-licensed Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Nurse Practitioner (ANP), or Physician-Assistant (PA).

In my professional opinion, the following immunizations would be injurious to the health of the above named child or members of the child's family or household.

Check appropriate antigen(s)

ALL vaccines

DTP or DTaP

DT or Td

Pertussis

Polio

Measles

Mumps

Rubella

Hepatitis A

Hepatitis B

Hib

Varicella (*chickenpox*)

NAME [Please Print] of MD, DO, ANP or PA

Address

Telephone

SIGNATURE of MD, DO, ANP or PA

Date

NOTE: Exemption must be signed only by an Alaska-licensed MD, DO, ANP, or PA.

ALASKA IMMUNIZATION REQUIREMENTS RELIGIOUS EXEMPTION FORM

Alaska Immunization Regulations 4 AAC 06.055, 4 AAC 62.450, and 4 AAC 60.100 require that all children in Alaska public/private schools, certified preschools, and licensed child care facilities be immunized against *pertussis* (for children less than 7 years of age), *diphtheria*, *tetanus*, *polio*, *measles*, *mumps*, *rubella*, *hepatitis A*, *hepatitis B*, *varicella* (for children in child care facilities and preschools) and *Haemophilus influenzae type b* (for children less than 5 years of age in child care facilities or preschools), unless he/she is exempt for medical or religious reasons.

Religious exemption requests must contain the wording found in the Alaska Administrative Code [4 AAC06.55(b)(3) or 4 AAC 62.450(c)(2)] stating all vaccines must be received unless the child "has an affidavit signed by his [4 AAC 62.450(c)(2) says "the child's"] parent or guardian affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant [4 AAC 62.450(c)(2) says "the parent or guardian"] is a member.

If a RELIGIOUS exemption is requested, complete the information below and return this form to the school, preschool, or child care facility.

Name of Child Birthdate

Name of Facility Address City Telephone

NOTE: Personal or philosophical exemptions are not allowed under Alaska regulations.

To be completed by the child's parent or guardian.

I/We affirm that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant is a member.

Signature of Parent or Guardian Date Telephone

State of _____

Judicial District _____ SS.

The Foregoing Instrument was acknowledged before me by

_____ on this _____ day of

_____, 20_____.

Witness my hand and seal.

Notary Public (Signature)

Notary's printed name

My commission expires _____

Glossary

ANP	Advanced Nurse Practitioner. For purposes of the immunization guidelines, must be licensed to practice medicine in the State of Alaska.
Antibodies	Special proteins manufactured by the body to neutralize or destroy disease-causing organisms and other antigens that are foreign to the body.
Antigen	Foreign protein-containing substances that enter the body and stimulate the formation of antibodies, which later destroy it. Bacteria, viruses, toxoids, and vaccines are antigens.
Bacteria	One-celled organisms, often called “germs,” that can cause infection.
Booster	An additional dose of vaccine given after the primary doses to extend the effect.
CDC	Centers for Disease Control and Prevention. Federal agency which supports/guides disease prevention and control efforts, including immunization activities.
Compliance	“Complying with” or following program regulations, guidelines, and/or schedules.
Diphtheria	A vaccine-preventable disease of the nose and throat, resulting from powerful toxins produced by diphtheria bacteria. Characterized by weakness, high fever, and the formation of a tough membrane in the throat that can obstruct breathing.
D.O.	Doctor of Osteopathy. For purposes of the immunization guidelines, must be licensed to practice medicine in the State of Alaska.
DTP/DTaP	Vaccine used to prevent D iphtheria, T etanus, and P ertussis. DTaP indicates the pertussis portion of the vaccine is “acellular”, or containing only pieces of the disease-causing bacteria rather than the entire cell.
Exemption	Release from a legal requirement. Procedures have been established allowing medical or religious exemptions to Alaska immunization requirements.
<i>Haemophilus influenzae type b</i>	A bacterium responsible for causing meningitis, pneumonia, and other diseases in children. Commonly called “Hib” disease.
Hepatitis A	A vaccine-preventable disease of the liver that is spread from person to person or sometimes by eating food or drinking water contaminated with hepatitis A virus.
Hepatitis B	A serious vaccine-preventable liver disease that is spread through contact with the blood or body fluids of a person infected with the virus. Long-term (chronic) infection develops in about 10% of infected persons. Hepatitis B infection can lead to cirrhosis (scarring) of the liver, liver failure, liver cancer, or death.
Immune	Protected or “safe” from catching a disease due to antibodies produced either by having had a disease or by being vaccinated against it.
IPV	Inactivated P oliovirus V accine.

Measles (Rubeola)	A vaccine-preventable disease caused by a virus. People with this disease develop a rash over their face, arms, legs, and trunk, a fever >101° F, and cold-like symptoms.
Medical Verification	Written immunization history provided by an authorized medical provider.
M.D.	Doctor of Medicine. For purposes of the immunization guidelines, must be licensed to practice medicine in the State of Alaska.
MMR	Vaccine used to prevent M easles, M umps, and R ubella.
Mumps	A vaccine-preventable disease caused by a virus; characterized by swelling of the salivary glands.
Non-compliance	Failure or refusal to comply with or follow program regulations, guidelines, and/or schedules.
OPV	O ral P oliovirus V accine.
Pertussis (Whooping Cough)	A vaccine-preventable disease caused by a bacterium that affects the air passages leading to the lungs. The characteristic “whoop” is caused when the person tries to inhale air after a coughing spell.
PA	Physician Assistant. For purposes of the immunization guidelines, must be licensed to practice medicine in the State of Alaska.
Polio	A vaccine-preventable disease caused by three types of polio viruses that may cause paralysis of certain muscles.
PPD	Purified Protein Derivative – Test used to determine exposure to tuberculosis.
Rubella (German Measles)	A vaccine-preventable disease caused by a virus; characterized by swollen glands, especially of the neck and head, and small red spots on the skin. If rubella affects a woman during early pregnancy, her baby may suffer birth defects.
Titer	Concentration of a substance in a solution. Laboratory “titer” results are used to determine if a person has developed immunity due to being exposed to an antigen through immunization or by having the disease. The concentration or titer of antibodies in the blood is measured.
Tetanus (Lockjaw)	A vaccine-preventable disease caused by a bacterium that enters through any wound. Toxins from the bacteria cause stiffness in the muscles of the neck, jaw, back, and abdomen; death from suffocation may occur.
Vaccine	A pharmaceutical preparation usually containing weakened or killed viruses or bacteria that can be injected or taken orally to produce immunity to a disease.
Varicella (Chickenpox)	A vaccine-preventable disease commonly called “chickenpox”. Usually characterized by a low-grade fever, itching, and pus-filled lesions found anywhere on the body.
Virus	A tiny particle (smaller than a bacterium) composed of DNA or RNA that has properties of life only when it invades a living cell. Also called “germs.”
Waiting Period	Interval or spacing necessary between doses of vaccine. This spacing allows sufficient time for the body to respond appropriately.

On time. Every time.



Alaska kids ♥ Love them ♥ Immunize them