

SHOT TALK

Visit www.sanantonio.gov/health/immunizations.html for news about the control and prevention of vaccine-preventable diseases.

Required Immunizations for the 2010-2011 School Year

Immunizations are an important part of public health, and Texas law requires students in Texas schools to be immunized against certain vaccine preventable diseases. The San Antonio Metropolitan Health District (SAMHD) would like to stress the importance of administering required immunizations at the earliest time possible, to avoid the back-to-school rush that usually occurs every year during the month of August.

Below is a list of the required vaccines for students who will attend a Texas school during the 2010-2011 school year.

Vaccine requirements for students entering Kindergarten-12th grade:

- 3 to 5 doses* of Diphtheria, Tetanus, and Pertussis (DTaP/DTP/DT/Td)
- 3 to 4 doses* of Polio
- 2 doses* of Measles, Mumps, and Rubella (MMR)
- 3 doses of Hepatitis B
- 1 to 2 doses* of Varicella
- 1 booster dose of Tetanus, Diptheria, and Pertussis (Tdap) 10 years after the last dose of Tetanus-Diphtheria-containing vaccine.

Additional vaccine requirements for students entering Kindergarten, 1st grade, 7th grade, and 8th grade:

- 2 doses of Hepatitis A for students entering K-1st
- 2 doses of Varicella for students entering K-1st and 7th-8th
- 1 booster dose of Tetanus, Diptheria, and Pertussis (Tdap) for students entering 7th grade, if at least 5 years have passed since the last dose of Tetanus-Diphtheria-containing vaccine
- 1 dose of Meningococcal for students entering 7th-8th

* To determine the specific number of doses that will be required, please review the document on page 5 of Shot Talk, entitled 2010-2011 Minimum State Vaccine Requirements for Texas Students; requirements for child-care facilities are also attached. Visit the Department of State Health Services (DSHS) for additional info: www.dshs.state.tx.us/immunize/school/default.shtm#requirements

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SAMHD Names New QA/AFIX Supervisor

SAMHD is pleased to announce that on May 8th, Mrs. Maria Torres was named the new SAMHD QA/AFIX Program Supervisor succeeding Ms. Kenya Wilson, MA who was promoted to SAMHD VFC Program Coordinator last year. Mrs. Torres is no stranger to QA/AFIX; she served as the QA/AFIX Health Program Specialist since January of 2002.

On behalf of the Immunization Division, we would like to Congratulate Maria Torres on her promotion and wish her the best as she prepares to promote immunizations and move the QA/AFIX Program forward.

Meningococcal Vaccine Study

The San Antonio Metropolitan Health District (SAMHD) is conducting an investigational research study of a new meningococcal vaccine. Meningococcal disease is a serious infection which can cause meningitis and lead to inflammation of the membranes covering the brain and spinal cord. The most common causes of meningitis are viral infections that usually resolve without treatment. However, bacterial infections of the meninges are extremely serious illnesses, and may result in death or brain damage even if treated.

The objective of this study is to evaluate the safety and tolerability of an investigational meningococcal vaccine when administered with routine infant vaccinations to healthy infants beginning at 2 months through 15 months of age. This vaccine is not FDA approved; however, it has been administered to over 12,000 participants in previous studies. This study consists of 5 visits over a 16 month period of time. All study participants are currently receiving immunizations at no cost and are compensated for their time and travel. For more information please contact the SAMHD at (210)-207-3968 or (210)-207-3965.

QA/AFIX Leaps Into Spring

The QA/AFIX team is springing off to a productive start in 2010. Since January 1, 2009 the QA/AFIX Team has been instrumental in working with VFC enrolled providers to ensure they are on track with Healthy People 2010 goals. The VFC Program currently has 31 provider offices that have reached and/or exceeded the goal.



VACCINES

Build your child's health

The QA/AFIX Team is always willing to assist you in arranging an appointment for a site review visit to benefit and provide valuable information to your facility on immunization rates. Each visit is designed to help identify possible barriers to immunization that may result in low vaccination coverage or missed opportunities for immunization. The primary role of the QA/AFIX Team is to assist providers in finding practical solutions to immunization related dilemmas within their facilities.

Please feel free to contact Kenya Wilson, MA VFC Coordinator at (210) 207-3974 or Maria Torres, QA/AFIX Supervisor at (210) 207-3972 should you need additional information.

The members of the QA/AFIX Team would like to thank the following providers and their staff for participating in the QA/AFIX site review visit process during this past quarter:

Respite Care Medical Wellness Clinic-CentroMed, Dr. Daniel G. Penon, Thousand Oaks Pediatrics, San Antonio Family Physicians, Complete Urgent Care, Kellum Medical Group-Schertz, Family First Care Clinic, PLLC, South Alamo Medical Group-S. Alamo, Dr. Lucina Trevino, Christus Santa Rosa Family Practice, UHS-Express Med Clinic, Alpha Pediatrics, Kellum Pediatric Clinic, Clinica del Norte Pediatrics, CentroMed-South Zarzamora Clinic, Dr. Migdalia Molina, Dr. John S. Garcia, Kubena Pediatrics, Christus Santa Rosa Family Health Center, Dr. Leonel Tano, South Central Texas Primary Care, Caring for Kids Pediatrics, Westover Hills Family Health, Community Family Medicine, South Alamo Medical Group-Tezel, Alamo City Medical Group-Schertz, Kid Doc Pediatrics, Huebner Pediatrics, PA, Centro Med-Walzern, Viva Pediatrics-Barlite, Medical Arts Research Center, Dr. Lee Kirchner, South Texas Center for Pediatric Care-Stone Oak, South Texas Center for Pediatric Care-East Southcross, CentroMed- Palo Alto, South San Antonio Medical Associates, Pedi Docs PLLC, South Texas Center for Pediatric Care-Southwest, First Steps Pediatrics, Pedi Place @ Westover Hills, UHS-FFACTS Clinic, South Texas Center for Pediatric Care-Downtown, ABCD Pediatrics-Schertz, La Altura Pediatrics, Dr. Roberto J. Ruiz, Little Texans Pediatrics, Meridian Medical Group, Dr. Khusro Rashid, and South Texas Center for Pediatric Care- Huebner Rd.

Congratulations go out to the following providers that achieved outstanding immunization coverage rates during the past quarter: *Dr. Daniel G. Penon (100%), San Antonio Family Physicians (100%), CentroMed-S. Zarzamora (100%), Kubena Pediatrics (100%), Christus Santa Rosa Family Health Center (100%), Caring for Kids Pediatrics, PA (100%), Christus Santa Rosa Family Practice (100%), Kellum Pediatric Clinic (100%), Huebner Pediatrics, PA (100%), CentroMed-Walzern (100%), Viva Pediatrics-Barlite (100%), Medical Arts Research Center (100%), South Texas Center for Pediatric Care-Stone Oak (100%), South Alamo Medical Group-Tezel (100%), South Texas Center for Pediatric Care-East Southcross (100%), CentroMed-Palo Alto (100%), Pedi Docs PLLC (100%), Alamo City Medical Group-Schertz (100%), UHS-FFACTS Clinic (100%), South Texas Center for Pediatric Care-Downtown (100%), ABCD Pediatrics-Schertz (100%), La Altura Pediatrics (100%), Clinica del Norte Pediatrics (96%),*

Thousand Oaks Pediatrics (96%), Dr. Lucina Trevino (96%), Kellum Medical Group-Schertz (95%), South Texas Center for Pediatric Care-Southwest (95%), Alpha Pediatrics (93%), Kid Doc Pediatrics (93%), Community Family Medicine (90%), San Antonio Family Medical Clinic (86%), and Little Texans Pediatrics (80%).

These worked proactively to ensure that over 80% of the children seen by their practices are up-to-date on their required immunizations of 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Var, and 4 PCV by 24 months of age. All of these caregivers invested substantial efforts towards improving immunization coverage levels within their practices. **JOB WELL DONE!!** Keep up the great work!!

Special Congratulations go out to: *Dr. Daniel G. Penon, San Antonio Family Physicians, CentroMed-S. Zarzamora, Kubena Pediatrics, Christus Santa Rosa Family Health Center, Caring for Kids Pediatrics, Christus Santa Rosa Family Practice, Kellum Pediatric Clinic, Huebner Pediatrics, CentroMed-Walzern, Viva Pediatrics-Barlite, Medical Arts Research Center, South Texas Center for Pediatric Care-Stone Oak, South Alamo Medical Group-Tezel, South Texas Center for Pediatric Care-East Southcross, CentroMed- Palo Alto, Pedi Docs PLLC, Alamo City Medical Group-Schertz, UHS-FFACTS Clinic, South Texas Center for Pediatric Care-Downtown, ABCD Pediatrics-Schertz, and La Altura Pediatrics.*

These facilities surpassed the Healthy People 2010 goal of 90% immunization coverage for the 4:3:1:3:3:1:4 series, receiving a perfect score of 100%. In fact, this is the sixth consecutive year that CentroMed-South Zarzamora Clinic and South Texas Center for Pediatric Care-Downtown have received a perfect score. It's the fourth consecutive year for Kellum Pediatric Clinic and Pedi Docs. It's the third consecutive year for Viva Pediatrics-Barlite. And the second consecutive year for Kubena Pediatrics, South Alamo Group-Tezel, Alamo City Medical Group-Schertz, South Texas Center for Pediatric Care-Stone Oak and ABCD Pediatrics-Schertz. Immunizing on time is definitely a top priority for these offices. Impressive work!!

Epi-Vac 2010 Now Available Online

The newest version of the Epidemiology and Prevention of Vaccine-Preventable Diseases course is now available on the Centers for Disease Control and Prevention (CDC) website: <http://www.cdc.gov/vaccines/ed/epivac/default.htm>. This video outlines the content of the CDC's print publication of the same name, otherwise known as the Pink Book.

The information included in this course is very helpful for all health care workers who provide immunizations for their clients. Continuing education credits will be available May 1, 2010.





Save the Date – July 14, 2010 3rd Annual IZSA Provider Conference

The Immunize San Antonio Collaborative (IZSA) will be holding their 3rd Annual IZSA Provider Conference on Wednesday, July 14, 2010 from 8am-3:30pm at Centro Med's Encino Ballroom located at 3800 Commercial Avenue. Topics planned for the day-long conference include: updated 2010-2011 school requirements, new eSAIRS registry information, presentations on influenza, rotavirus, HPV vaccine for males, meningococcal, pertussis, new cervical cancer vaccine, and new pneumococcal vaccine.

There will also be tables of information from vaccine manufacturers, Medicaid/CHIP providers, various Metro Health programs, and other members of the IZSA collaborative.

Provider offices should be receiving invitations by mail in June so be on the look out for it so staff can reserve their spot. For more information, please contact Audrey Munoz at (210) 207-6917 or Sandra Hermosa at (210) 207-2084.

Important Tips for VFC Providers

The following are frequently reported errors in vaccine storage and handling. Some of these errors are much more serious than others, but none should occur.

Error#1: Improperly Storing Vaccine.

Inventory, refrigerate or freeze shipments of vaccine immediately upon receipt. When putting vaccine away, do not store VFC vaccine on the doors or in crisp/vegetable bins of the storage unit. Always store vaccine in their original packaging in the body of the storage unit.

Error#2: Improperly Rotating Vaccine Stock.

Move vaccine with the earliest expiration date to the front (ex. 6/1/2010) and place vaccine with a later expiration date to the back (ex. 6/1/2012). Keep vials in their boxes and only use one lot number for a particular vaccine at a time.

Error#3: Not Reporting Short Dated Vaccine.

It is the responsibility of your clinic or practice to notify the VFC Vaccine Manager (Anthony Johnson 207-4015) regarding all short dated vaccine. Vaccine is considered short dated, if it is 3 months (90 days) from expiration.

Error#4: Discarding multi-dose vials 30 days after they are opened.

Never discard your vaccines prematurely. Almost all multi-dose vials contain a preservative and can be used until the expiration date stamped on the vial if maintained at the required storage temperatures and properly handled. Refer to vaccine package inserts for additional information.

Immunization Division Contacts

Director of Health: Fernando A. Guerra, MD, MPH	207-8730
Immunization Program Manager: Vivian B. Flores, MA	207-8794
CDC Public Health Advisor: Thomas Finke, MPA	207-2870
Clinical Operations Supervisor: Dina Guillen, RN, BSN	207-8804
Foreign Travel: Gustavo Alejos, RN, BSN	207-8872
Vaccines for Children Coordinator: Kenya Wilson, MA	207-3974
Vaccine Management Supervisor: Anthony Johnson	207-4015
QA/AFIX Program Supervisor: Maria Torres	207-3972
Hepatitis B/Surveillance Program Supervisor: Tom Gonzalez, MLT	207-2088
VPD Surveillance Program Supervisor: Jessica Ruiz, RN, BSN	207-2085
Outreach & Education Coordinator: Clark Petty	207-2869
Adult/Influenza Program Supervisor: Sandra Hermosa, LMSW	207-2084
Infant/Childhood Education & Outreach Supervisor: Audrey Munoz, LVN, AAHA	207-6917
WIC Linkage Supervisor: Vacant-Contact Clark Petty	207-2869
Vaccines Studies Coordinator: Marcela Martinez	207-3968
Registry Project Coordinator: Walter Widish, MS	207-8792
Registry Project Supervisor: Derek Taylor	207-2089

Immunization Resource Sites

DSHS: www.dshs.state.tx.us/immune
CDC: www.cdc.gov/vaccines
IAC: www.immunize.org
Vaccine Education Center: <http://vaccine.chop.edu>
American Academy of Pediatrics: www.aap.org
Vaccine Information for the Public & Health Professionals: www.vaccineinformation.org
Healthy People 2010: www.healthypeople.gov

Need Forms??

VFC Reports, Blast Fax, and In-Service Materials:
www.sanantonio.gov/health/immunizations-VFCResources.html
Consent Forms:
www.sanantonio.gov/health/immunizations-SAIRS.html
VISs:
<http://www.cdc.gov/vaccines/pubs/vis/default.htm>

Immunization Updates

The use of most Vaccine Information Statements (VIS) is mandated by federal law. Listed below are the dates of the most current VISs. Check your stock of VISs. If you have outdated VISs, print current ones from one of these sources: CDC's website at www.cdc.gov/vaccines/pubs/vis (has VISs in English) or IAC's website at www.immunize.org/vis (has VISs in more than 30 languages).
 DTaP/DT/DTP.....5/17/07 PCV13.....4/16/10 Hepatitis A.....3/21/06 PCV7.....12/9/08 Hepatitis B.....7/18/07 Polio.....1/1/00 Hib.....12/16/98
 HPV (H. papillomavirus).....3/30/10 Rotavirus.....8/28/08 Meningococcal.....1/28/08 Varicella.....3/13/08 MMR.....3/13/08
 Influenza (LAIV).....8/11/09 Influenza (TIV).....8/11/09 Td/Tdap...11/18/08



VFC Stars



Pedi Docs, PLLC



Caring for Kids Pediatrics



Christus Santa Rosa Family Health Center



South Alamo Medical Group-Tezel



Kellum Pediatric Clinic-Marbach



Huebner Pediatrics, PA



CentroMed-Walzern Clinic



CentroMed-Palo Alto Clinic



CentroMed-South Zarmora Clinic



Kubena Pediatrics

2010-2011 Texas Minimum State Vaccine Requirements for Students Grades K-12



This chart summarizes the vaccine requirements incorporated in Title 25 Health Services, §§ 97.61-97.72 of the Texas Administrative Code (TAC).

This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services is granted authority to set immunization requirements by the Education Code, Chapter 38, Health & Safety, Subchapter A, General Provisions.

IMMUNIZATION REQUIREMENTS

A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private elementary or secondary school in Texas.

Vaccine Required (Attention to notes and footnotes)	Minimum Number of Doses Required by Grade Level					NOTES
	K – 1 st	2 nd – 6 th	7 th	8 th	9 th – 12 th	
Diphtheria/Tetanus/Pertussis (DTaP/DTP/DT/Td) ¹	5 doses or 4 doses	5 doses or 4 doses	3 doses	3 doses	3 doses	5 doses of diphtheria-tetanus-pertussis vaccine; one dose must have been received on or after the 4 th birthday. However, 4 doses meet the requirement if the 4 th dose was received on or after the 4 th birthday. For students aged 7 years and older, 3 doses meet the requirement if one dose was received on or after the 4 th birthday.
Tetanus/Diphtheria/Pertussis (Tdap)			1 Tdap/Td booster <i>within last 5 years</i>	1 Tdap/Td booster <i>within last 10 years</i>	1 Tdap/Td booster <i>within last 10 years</i>	For 7th grade: 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-diphtheria-containing vaccine. For 8th-12th grade: 1 dose of Tdap is required when 10 years have passed since the last dose of tetanus-diphtheria-containing vaccine. Td is acceptable in place of Tdap if a medical contraindication to pertussis exists.
Polio ¹	4 doses or 3 doses	4 doses or 3 doses	4 doses or 3 doses	4 doses or 3 doses	4 doses or 3 doses	4 doses of polio; one dose must be received on or after the 4 th birthday. However, 3 doses meet the requirement if the 3 rd dose was received on or after the 4 th birthday.
Measles, Mumps, and Rubella ^{1,2} (MMR)	2 doses	2 doses	2 doses	2 doses	2 doses	The first dose of MMR must be received on or after the 1 st birthday. For K and 1 st grade, 2 doses of MMR are required. For 2 nd – 12 th grade the requirement is 2 doses of a measles-containing vaccine, and one dose each of rubella and mumps vaccine.
Hepatitis B ²	3 doses	3 doses	3 doses	3 doses	3 doses	For students aged 11-15 years, 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax) was received. Dosage and type of vaccine must be clearly documented. (Two 10 mcg/1.0 ml of Recombivax).
Varicella ^{1,2,3}	2 doses	1 dose	2 doses	2 doses	1 dose	The first dose of varicella must be received on or after the first birthday. 2 doses are required for K, 1 st , 7 th , and 8 th grade. 1 dose is required for all other grade levels. For any student who receives the first dose on or after 13 years of age, 2 doses are required.
Meningococcal			1 dose	1 dose		
Hepatitis A ^{1,2}	2 doses					The first dose of hepatitis A must be received on or after the first birthday.

¹ Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.

² Serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella or serologic evidence of infection is acceptable in place of vaccine.

³ Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." This written statement will be acceptable in place of any and all varicella vaccine doses required.

Exemptions

The law allows (a) physicians to write a statement stating that the vaccine(s) required would be medically harmful or injurious to the health and well-being of the child, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (for example, a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). Schools and child-care facilities should maintain an up-to-date list of students with exemptions, so they may be excluded from school in times of emergency or epidemic declared by the commissioner of public health.

Instructions for requesting the official exemption affidavit that must be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief, can be found at www.ImmunizeTexas.com

For children needing medical exemptions, a written statement by the physician should be submitted to the school.

Provisional Enrollment

All immunizations should be completed by the first date of attendance. The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

Documentation

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel has validated it. The month, day, and year that the vaccination was received must be recorded on all school immunization records created or updated after September 1, 1991.



2010-2011 Texas Minimum State Vaccine Requirements for Child-Care Facilities



AUTHORIZATION This chart summarizes the vaccine requirements incorporated in Title 25 Health Services, §§97.61-97.72 of the Texas Administrative Code (TAC). This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services is granted authority to set immunization requirements by the Human Resources Code, Chapter 42

INSTRUCTIONS Post this guide on a wall or desktop as a quick reference to help you determine whether children seeking admission to your facility meet Texas's immunization requirements. If you have any questions, call the Immunization Program at your health service region or local health department.

VACCINES	DTaP: Diphtheria, tetanus, and pertussis (whooping cough); Record may show DT or DTP
	IPV: Inactivated Poliovirus
	Hib: <i>Haemophilus influenzae</i> type b vaccine
	MMR: Measles, mumps, and rubella vaccines combined
	Hep B: Hepatitis B vaccine
	Hep A: Hepatitis A vaccine
	Varicella: Chickenpox vaccine
	PCV: Pneumococcal conjugate vaccine (see page 3)

<u>AGE WHEN ENROLLMENT</u>	<u>VACCINE REQUIREMENT^a</u>
Younger than 2 months	No vaccines required
By 3 months	One dose each of polio, DTaP/DT/DTP, Hib ^c , hepatitis B ^d
By 5 months	Two doses each of polio, DTaP/DT/DTP, Hib ^c , and hepatitis B ^d
By 7 months	Three doses of DTaP/DT/DTP Two doses each of polio, Hib ^c , and hepatitis B ^d
By 16 months	Three doses of DTaP/DT/DTP Two doses each of polio and hepatitis B ^d One dose of MMR ^{b, d} and Hib ^c
By 19 months	Four doses of DTaP/DT/DTP Three doses each of polio and hepatitis B ^d One dose each of MMR ^{b, d} , varicella ^e , and Hib ^c on or after first birthday
By 25 months	Four doses of DTaP/DT/DTP Three doses each of polio and hepatitis B ^d One dose each of MMR ^{b, d} , Hib ^c , varicella ^{d, e} , and hepatitis A ^d received on or after 1 st birthday
By 43 months	Four doses of DTaP/DT/DTP Three doses each of polio and hepatitis B ^d Two doses of hepatitis A ^d One dose each of MMR ^{b, d} , Hib ^c , and varicella ^{d, e} received on or after 1 st birthday

^a In accordance with the most recent General Recommendations on Immunizations adopted by the Centers for Disease Control and Prevention (CDC) issued by the Advisory Committee on Immunization Practices (ACIP) regarding the validity of vaccine doses administered less than or equal to 4 days before the minimum interval or age will meet this requirement.

^b MMR (or one dose of each of its components) must have been received on or after the 1st birthday if the vaccine was administered on or after September 1, 1990. Measles vaccine received prior to September 1, 1990 may have been administered in the calendar month of the 1st birthday.

^c Complete series of any *Haemophilus influenzae* type b (Hib) vaccine, OR one dose of any Hib vaccine given at or after 15 months of age. A Hib primary series and booster is two doses (two months apart) and a booster dose on or after 12 months of age, received at least two months after the last dose.

^d Serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella or serologic evidence of infection is acceptable in lieu of the vaccine.

^e Previous illness may be documented with a written statement from a physician, school nurse, or the child's/student's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine."

Exemptions

The law allows (a) physicians to write a statement stating that the vaccine(s) required is medically contraindicated or poses a significant risk to the health and well-being of the child or any member of the child's household, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. Schools and child-care facilities should maintain an up-to-date list of students with exemptions, so they can be excluded from attending school if an outbreak occurs.

Instructions for the affidavit to be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief can be found at www.immunizetexas.com

For children needing medical exemptions, a written statement by the physician should be submitted to the school or child-care facility.

Provisional Enrollment

All immunizations should be completed by the first date of attendance. The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

Documentation

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel have validated it. The month, day, and year that the vaccination was received must be recorded on all school immunization records created or updated after September 1, 1991.

Texas Minimum State Vaccine Requirements for Pneumococcal Vaccination (PCV) for Children Attending Child-Care Facilities

I. Guidance for Child-Care Facilities and Schools

Instructions for reading this chart: When a child presents to a child-care facility, early childhood program, or pre-kindergarten program, the individual reviewing the immunization record for that child should: 1) determine the age of the child; and 2) determine the age of the child when the first dose was administered; and 3) determine the number of doses the child is required to have to attend. The age of the child when the first dose was administered affects the total number of doses the child is required to have.

AGE OF CHILD

VACCINE REQUIREMENT

2 months through 3 months

1 dose

4 months through 5 months

2 doses

6 months through 11 months

3 doses

OR

2 doses if a child received the first dose from 7-11 months of age

12 months through 23 months

For children who have received 3 doses prior to 12 months of age:
4 doses are required with one dose on or after 12 months of age.

OR

For children who have received 1 or 2 doses prior to 12 months of age:
3 doses are required with one dose on or after 12 months of age.

OR

For unvaccinated children 12-23 months of age:
2 doses are required.

24 months through 59 months

1 additional dose* is required for unvaccinated children or those who have any incomplete series.

OR

0 additional doses are required for children who have a complete series. Each of the three scenarios below is considered a complete series:

- At least 3 doses with one dose on or after 12 months of age
- 2 doses with both doses on or after 12 months of age
- 1 dose on or after 24 months of age.

* Two additional doses may be needed if the child is determined to be at high risk. Physicians will determine if a child is high-risk and vaccinate accordingly.

II. Guidance for Physicians, Nurse Practitioners, and Other Vaccine Providers

Note that the recommendations above are consistent with the recommendations of the American Academy of Pediatrics (AAP) (Redbook 2009) and of the Advisory Committee on Immunization Practices (ACIP) when there is no shortage (MMWR 2004; 53: 851). Since children who attend out-of-home child care are at moderate risk of invasive pneumococcal disease, the State of Texas is requiring that healthy individuals 24-59 months of age who have not received any doses of PCV previously, receive 1 dose before child-care attendance as of 9/1/05. This recommendation is stated by the AAP in the Redbook and advice to “consider” PCV for this group is published by the ACIP in the MMWR. Please consult the above sources (Redbook, MMWR) and other websites (AAP, TPS) for more detailed information concerning the definition of high risk medical conditions, minimum intervals between doses, modified schedules when vaccine is in short supply, and the use of the 23-valent pneumococcal polysaccharide vaccine (Pneumovax®) in children 24-59 mos. of age with high risk conditions. **If providers have been following the AAP/ACIP recommendations, their patients most likely meet these requirements for child-care facility entry.**

