



# WASHINGTON IMMUNIZATION UPDATES



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# Today's Presentation

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At the conclusion of today's presentation, participants should be able to:

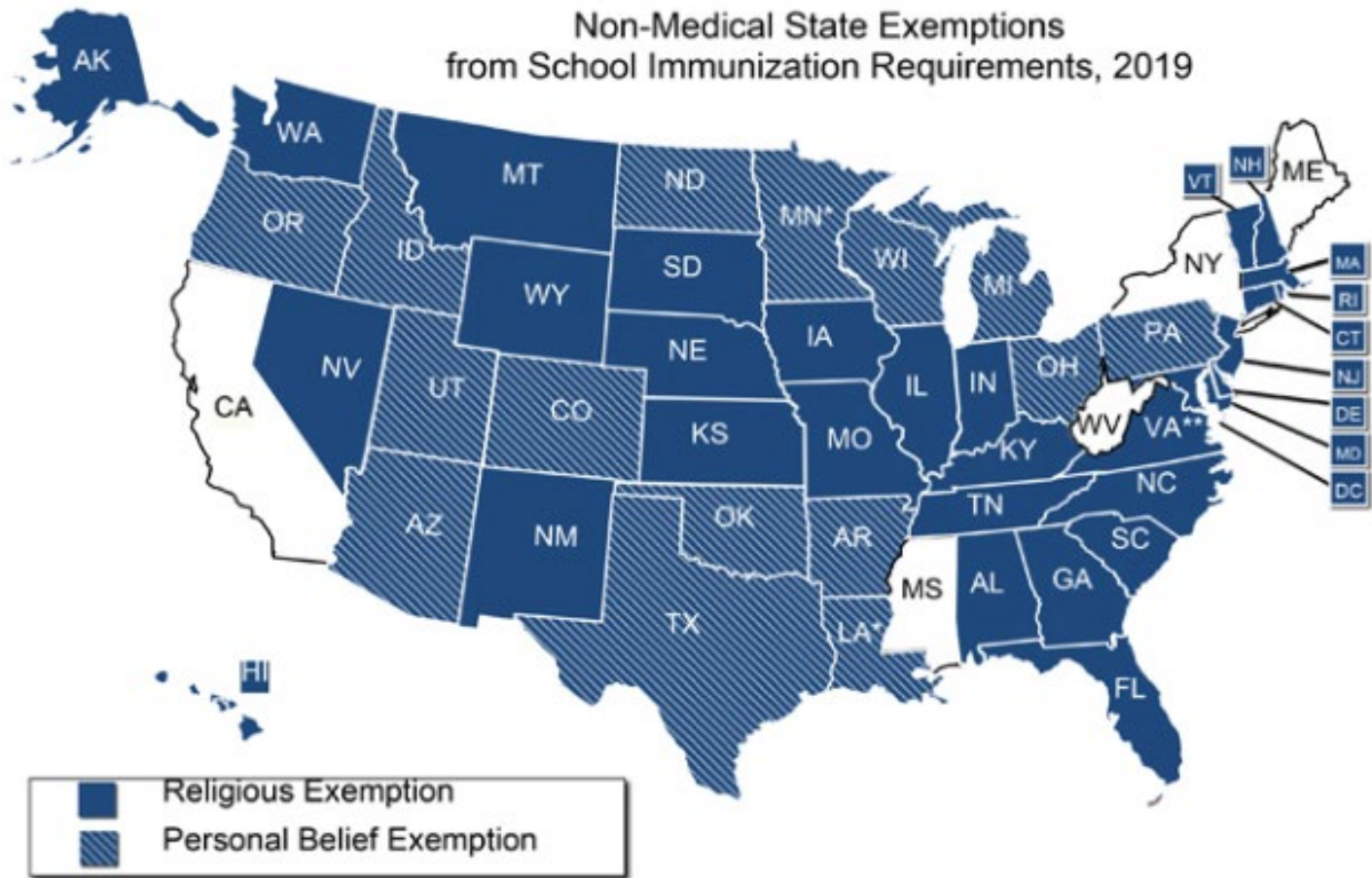
- Identify current immunization trends in Washington
- Define some factors that might impact local or regional area immunization rates
- Identify implementation strategies for the new immunization law and rules

## Section 1

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# IMMUNIZATIONS LANDSCAPE

# School Immunizations Requirements



<http://www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx>, accessed 7/23/19

# Washington Required Vaccinations

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## For Childcare: 7 Vaccines

- Hepatitis B, DTaP, Hib, Polio, PCH/pneumococcal, MMR, Varicella/Chickenpox
- Depending on age and when the child enters childcare, the some vaccines might not be indicated at that point in time

## For School: 5 vaccines

- Hepatitis B, DTaP or Tdap depending on age, polio, MMR, Varicella

[https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization#reqs.](https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization#reqs)

# Operationalizing Requirements

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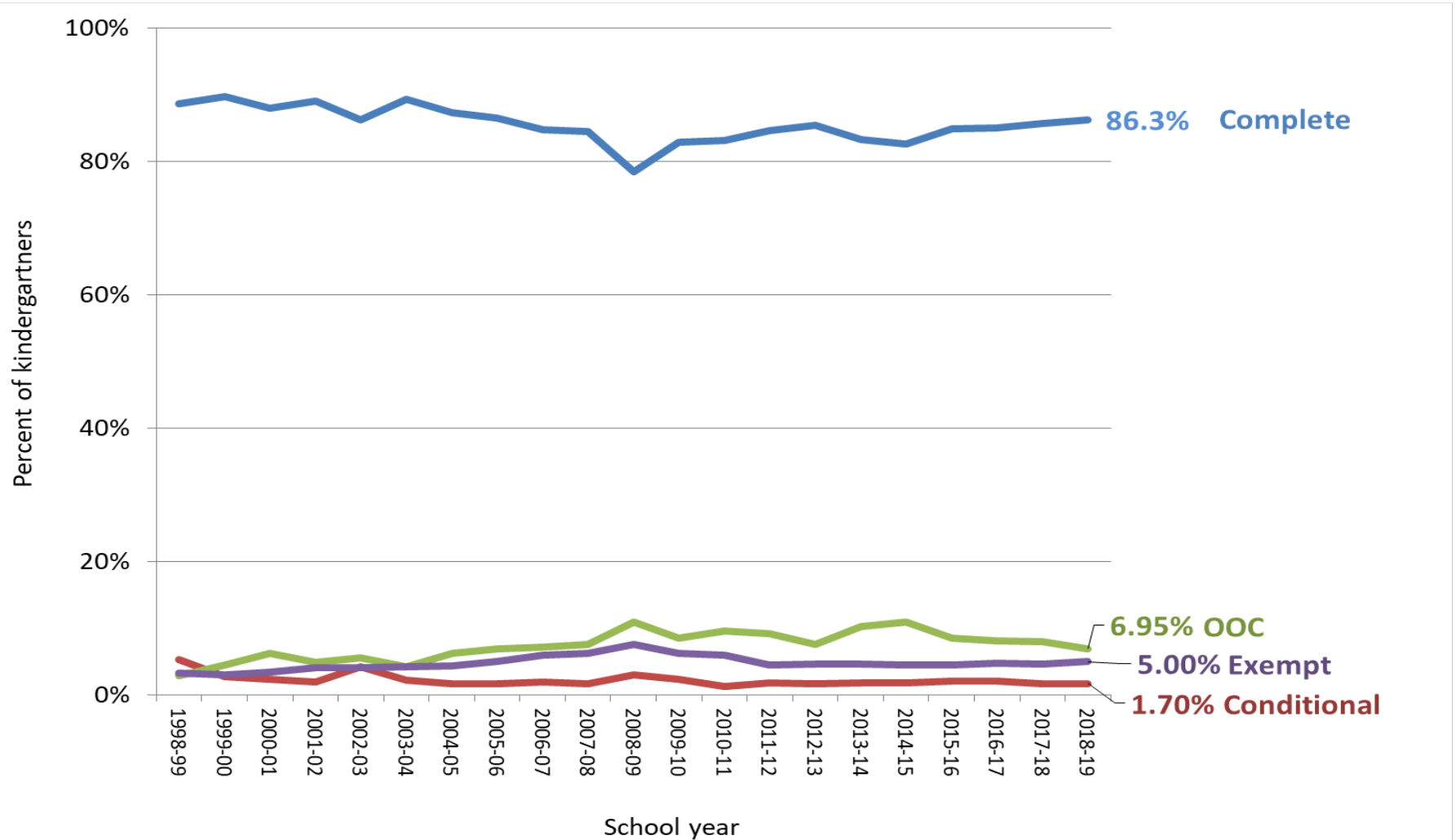
- Challenges
  - Resources needed
  - Impact of child not being at school
  - Impact of the conditional period
  - Out of compliance status

# Immunization Status Definitions

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- Complete: The student meets all the school-entry requirements for their age and grade.
- Exempt: The student has a signed Certificate of Exemption on file at the school excusing the student from one or more vaccinations due to medical, personal, or religious beliefs.
- Conditional: The student lacks appropriate documentation or is missing one or more of the required immunizations.
- Out-of-compliance: Conditional status has ended, but the student has not been fully immunized, does not have an exemption on file, or lacks appropriate documentation.

# Immunization status of kindergarteners 1998-2019

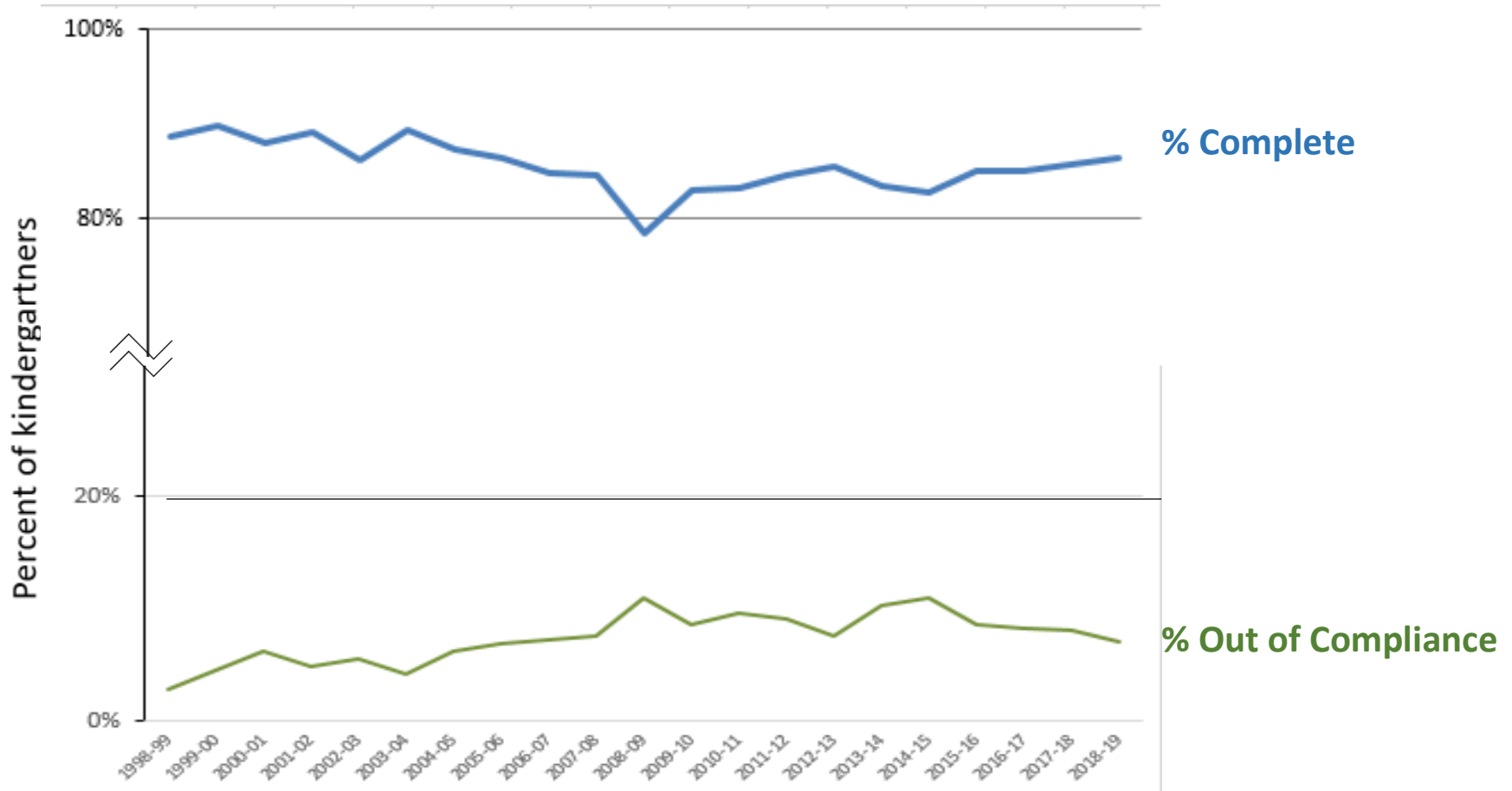


Data source: Washington State Department of Health, Office of Immunization and Child Profile, 2018-2019 School Data, reported September 2019



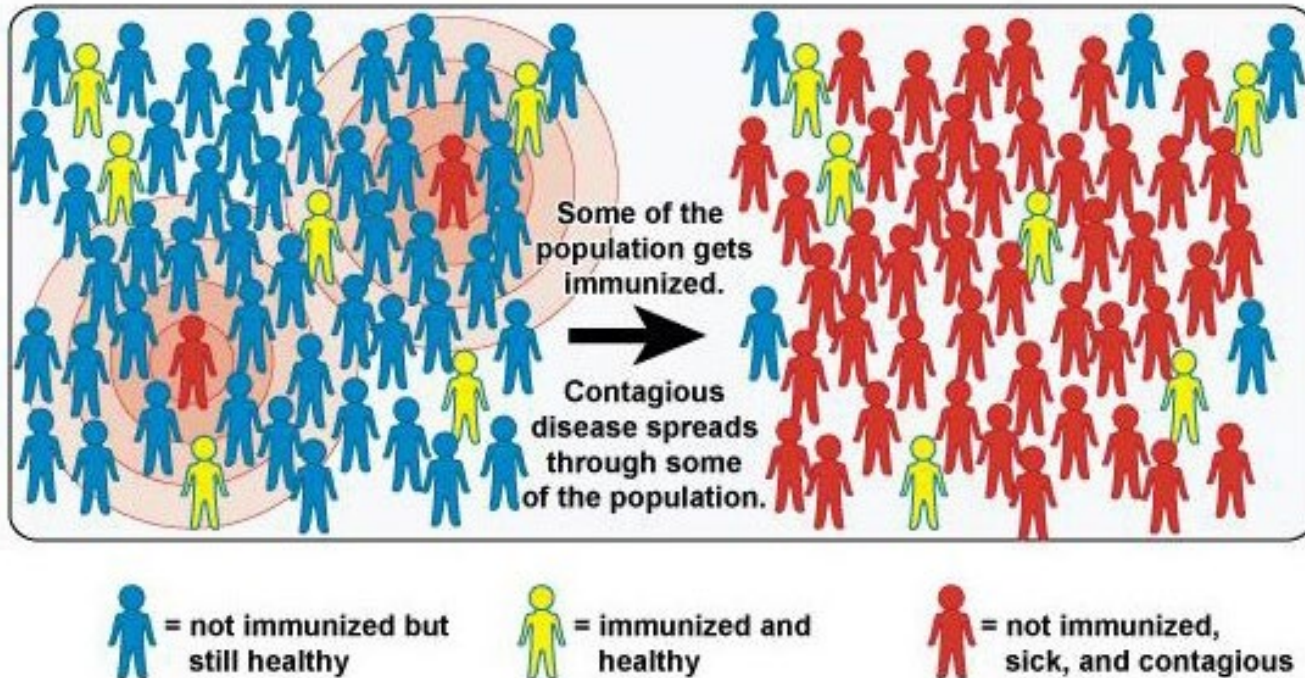
# Immunization status of kindergartners, 1998 – 2019

Because the percentages of students with exemptions and those in conditional status are stable, they are not affecting kindergarten immunization completion rates. Out-of-compliance rates do vary over time and directly impact the percentage of kindergartners complete for required immunizations.



Data source: Washington State Department of Health, Office of Immunization and Child Profile, 2018-2019 School Data, reported September 2019

# Community Immunity



CDC at: <https://www.cdc.gov/outbreaks/index.html>, accessed 7/22/19

# Individuals Making Up a Community

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Work together

Shop together

Spend time together

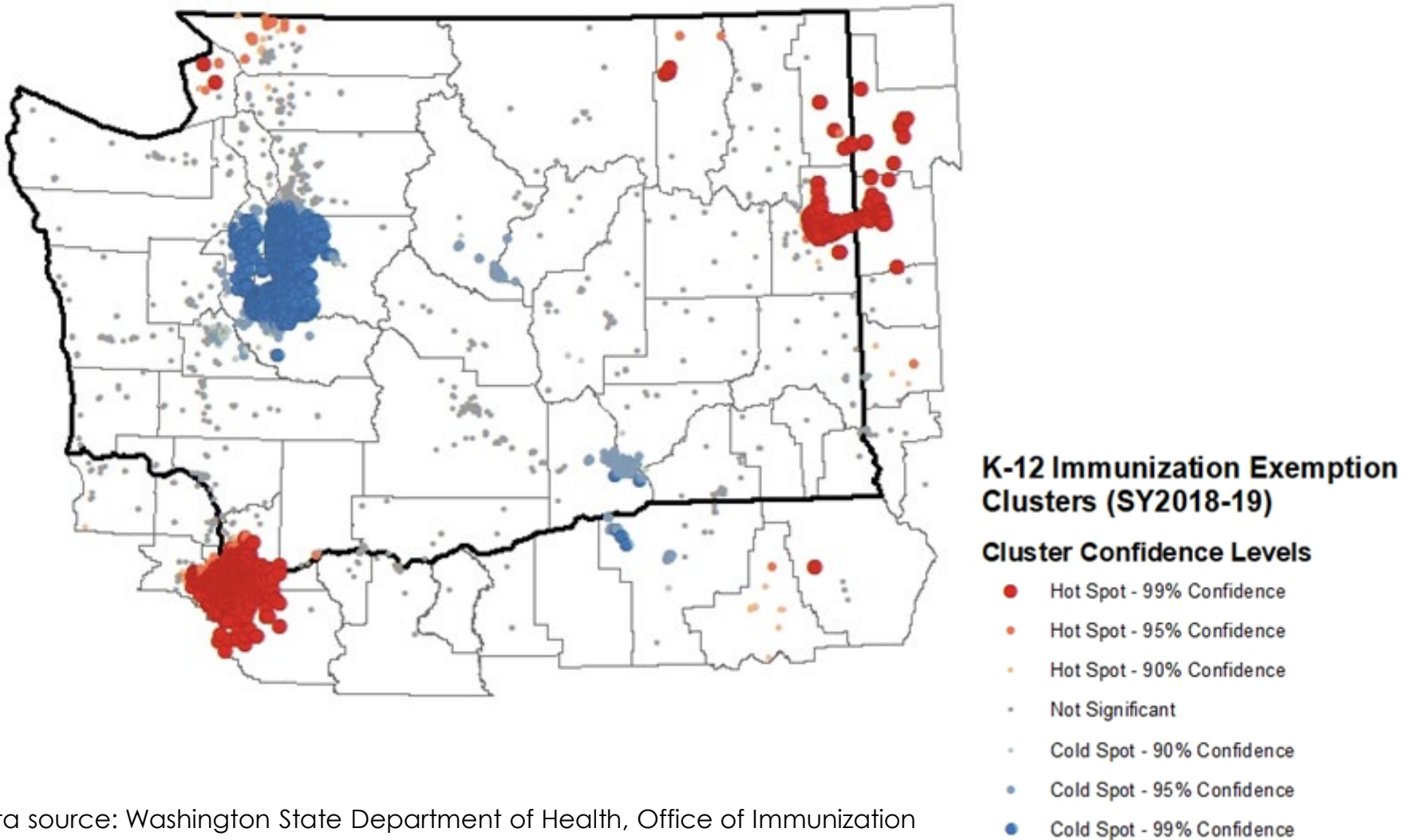
School together



## Vaccine preventable disease outbreak together too?

Hotez, P. J. 2019. America and Europe's new normal: the return of vaccine-preventable diseases. *Nature* 2019; published online February 27. DOI:10.1038/s41390-019-0354-53. Accessed 6/28/19.

# Pockets of Disease Outbreak At-Risk



Data source: Washington State Department of Health, Office of Immunization and Child Profile, 2018-2019 School Data.

## Section 2

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# WASHINGTON IMMUNIZATION LAWS

# Exemptions

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- Medical
- Personal and philosophical exemption\*
- Religious
- Religious membership: “...used when religious beliefs or teachings of the church preclude a health care practitioner from providing medical treatment to the child”

\*Not allowed for MMR

Effective July 22, 2011, education must be provided by a healthcare practitioner

[RCW28A.210.090](#)

# New Immunization Law

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Children in licensed child cares and schools (public and private):

- Removed option for personal and philosophical exemptions for measles, mumps, and rubella (MMR) vaccine
- No change to
  - Religious, religious membership, or medical exemptions
  - Titer testing in lieu of immunization
- Effective July 28, 2019

# New Immunization Law

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## Employee & Volunteer Requirement:

- All licensed child care centers including ECEAP (Early Childhood Education & Assistance Program) and Head Start
- Employees and volunteers at child care centers must provide proof of MMR through one of the following:
  - Documentation of immunization
  - Proof of measles immunity with laboratory titer testing
  - Documentation of medical exemption

Information about the new law and FAQs:

[www.doh.wa.gov/mmrexemption](http://www.doh.wa.gov/mmrexemption).



# Implementation:

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- New forms and tools
- Collaboration with stakeholders
- Support for adults who might need vaccine

- Information available at:

<https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/ExemptionLawChange>.

# Implementation: Stakeholder Outreach

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- Healthcare practitioners
- Office of Superintendent for Public Instruction
- School nurses and administrators
- Community organizations
- Community members
- Vaccine Advisory Committee
- Local health Jurisdictions
- Others interested



## Certificate of Exemption—Personal/Religious

For School, Child Care, and Preschool Immunization Requirements



Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_

**NOTICE:** A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted child/student may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings. Immunizations are one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

### Personal/Philosophical or Religious Exemption

I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. (Select an exemption type and the vaccinations you wish to exempt your child from):

#### PERSONAL/PHILOSOPHICAL EXEMPTION\*

- Diphtheria       Hepatitis B       Hib       Pneumococcal  
 Polio       Pertussis (whooping cough)       Tetanus       Varicella (chickenpox)

\*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law

#### RELIGIOUS EXEMPTION

- Diphtheria       Hepatitis B       Hib       Pneumococcal  
 Polio       Pertussis (whooping cough)       Tetanus       Varicella (chickenpox)  
 Measles       Mumps       Rubella

### Parent/Guardian Declaration

One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

Parent/Guardian Name (print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Health Care Practitioner Declaration

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

Licensed Health Care Practitioner Name (print) \_\_\_\_\_ Licensed Health Care Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

MD  ND  DO  ARNP  PA      Washington License # \_\_\_\_\_

### Religious Membership Exemption

Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

### Parent/Guardian Declaration

I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

Name of church or religion of which you are a member: \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have a disability and need this form in a different format please call 1-800-525-0127 (TDD/TTY Call 711).

DOH-348-106 May 2019



## Certificate of Exemption—Medical

For School, Child Care, and Preschool Immunization Requirements



Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_

**NOTICE:** This form may be used to exempt a child from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for the child for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.

### Medical Exemption

A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in his or her judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, "Guide to Vaccine Contraindications and Precautions," or the manufacturer's package insert. The ACIP guide can be found at:

[www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html)

Please indicate which vaccine antigen(s) the medical exemption is referring to. If the patient is not exempt from certain antigen(s), mark "not exempt."

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Health Care Practitioner Declaration

I declare that vaccination for the disease/s checked above is not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State, and the information provided on this form is complete and correct.

Licensed Health Care Practitioner Name (print) \_\_\_\_\_ Licensed Health Care Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

MD  ND  DO  ARNP  PA      Washington License # \_\_\_\_\_

### Parent/Guardian Declaration

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

Parent/Guardian Name (print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have a disability and need this form in a different format please call 1-800-525-0127 (TDD/TTY Call 711).

DOH-348-106 May 2019

# Changes in the Landscape

- Reports of increased requests for religious exemptions
- More focus in counties, schools, and childcares





Questions?

# School Immunization Data

## **Data source:**

These data come from public and private school immunization reports that are submitted to the Washington Department of Health, Office of Immunization and Child Profile. Washington State schools (except home-, jails, online and tribal schools) are required to report immunization data for kindergartners, 6<sup>th</sup> graders and all students in grades K-12 by November 1 each school year.

## **Suggested citation:**

Washington State School Immunization Slide Set, 2018-2019 School Year.  
Washington State Department of Health, 2019. Updated May 2019.  
Accessed [access date] at [insert website address here].

*If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 711).*

For more information, please see the technical notes on the last slide, contact [oi cpschools@doh.wa.gov](mailto:oi cpschools@doh.wa.gov), or visit our website, at:

<http://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/Immunization/SchoolReports>.

# Technical notes

## Data notes:

- This report is based on total counts of students by immunization status as reported by public and private schools to DOH.
- The student immunization status is based on parent reports to the school and may not be verified by a healthcare provider.
- Only schools that reported data are included in this slide set. Some schools reported data but were excluded (ex: schools located in jails and hospitals, parent partnership programs, schools located out of district and online schools).
- DOH makes no other claims about the accuracy of the data as reported by schools.



Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov). TTY users dial 711.