Keeping Up-to-Date with School Immunization Requirements

September 6, 2019

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Agenda

1. School immunization requirements
2. Exemptions to immunization
3. Immunization Data Report (IDR)
4. Immunization coverage and exemption rates
5. Immunization Education Course
6. Q & A
ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY

Child Care or Preschool

Requirements by age at entry and on a continuing review status. Vaccines must follow minimum intervals and ages to be valid. A 4-day grace period applies to these ages and intervals in most situations.

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of doses required of each immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger than 2 months</td>
<td>1 Hep B</td>
</tr>
<tr>
<td>2 – 3 months</td>
<td>1 Hep B  1 DTaP  1 Hib  1 Polio</td>
</tr>
<tr>
<td>4 – 5 months</td>
<td>2 Hep B  2 DTaP  2 Hib  2 Polio</td>
</tr>
<tr>
<td>6 – 11 months</td>
<td>2 Hep B  3 DTaP  3 Hib  2 Polio</td>
</tr>
<tr>
<td>12 – 14 months</td>
<td>3 Hep B  3 DTaP  3 Hib  3 Polio 1 MMR 1 Varicella</td>
</tr>
<tr>
<td>15 – 17 months</td>
<td>3 Hep B  4 DTaP  4 Hib  3 Polio 1 MMR 1 Varicella</td>
</tr>
<tr>
<td>18 months +</td>
<td>3 Hep B  4 DTaP  4 Hib  3 Polio 1 MMR 1 Varicella 2 Hep A</td>
</tr>
</tbody>
</table>

Footnotes:
1. Students must have proof of all required immunizations in order to attend child care or preschool. A child who is missing vaccines required for his or her age can start child care but must get a dose of each vaccine due within 15 days of enrollment and bring a copy of the immunization record to the child care facility. After 15 days, the child may not attend child care without documentation that the child has received the required vaccinations.

2. If Pedvax Hib is used for the first two doses, only 3 total doses are needed and the 3rd dose of Hib is not due until 12-15 months of age.

3. The final dose of hep B must be given at 24 weeks of age or older. If hep B #3 was given before 24 weeks of age, a 4th dose is required.

4. Minimum age for dose #1 of MMR and varicella is 12 months. Another dose will be required if dose #1 of either vaccine was given more than 4 days before 1st birthday. MMR and varicella must be given on the same day or at least 28 days apart.

5. The hep A vaccine series (2 doses) is required in Maricopa county only, but is recommended in all other counties.

Please see the next page for additional information and exceptions and conditions to the rules.
ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY

Grades K-12

Requirements by age/grade at entry and on a continuing review status. Vaccines must follow minimum intervals and ages to be valid. A 4-day grace period applies to these ages and intervals in most situations.

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of doses required of each immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten-12th Grade</td>
<td>3 Hep B 2  4 Polio 4  2 MMR 4  1 Varicella 4  5 DTaP 6</td>
</tr>
<tr>
<td>Additional requirements at age 11 Years and older</td>
<td>1 Tdap 7  1 MenACWY</td>
</tr>
</tbody>
</table>

Footnotes:

1. Students must have proof of all required immunizations in order to attend school.

2. The final dose of hep B must be given at 24 weeks of age or older. If hep B #3 was given before 24 weeks of age, a 4th dose is required.

3. 3 doses of polio are acceptable if dose #3 was received at or after 4 years of age and at least 6 months after the second dose; otherwise, 4 doses are required, with the last received at or after the 4th birthday. If the last dose was given ON or AFTER August 7, 2009, it must have been given at a minimum of 4 years of age AND a minimum interval of 6 months following the previous dose. Students who received either 3 or 4 doses PRIOR to August 7, 2009, regardless of age at final dose, have met the requirement.

4. Minimum age for dose #1 of MMR and varicella is 12 months. Another dose will be required if dose #1 of either vaccine was given more than 4 days before 1st birthday. MMR and varicella must be given on the same day or at least 28 days apart.

5. 4 doses of DTaP are acceptable if last dose was given on or after 4 years of age. A 6th dose is required if 5 doses have been given before 4 years of age, and the child is under 7 years old. For children 7-10, 3 doses of DTaP, DTP, DT, Tdap, or TD are acceptable if all 3 were given after the first birthday.

6. In addition to the vaccines required for all K-12 students, 1 dose of Tdap and 1 dose of quadrivalent meningococcal vaccine are required when a student turns 11, regardless of grade. It is recommended that you notify parents ahead of their child’s 11th birthday that these vaccines will be due once they turn 11. Do NOT require or recommend Tdap or MenACWY BEFORE age 11. There is no statute-defined time period in which students must come into compliance, but ADHS recommends no more than 15 days after the 11th birthday.

7. Students must have a minimum of 3 doses of tetanus/diphtheria vaccine, including at least 1 Tdap. If a tetanus-containing vaccine was given between the ages of 7-10, 1 dose of Tdap is required when at least 5 years has passed since the last dose of tetanus-containing vaccine.

Please see the next page for additional information and exceptions and conditions to the rules.
Frequent Causes of Confusion
Dose Timing

- MMR and Varicella
- 4-day grace period
- Hep B – 3 or 4??
- Tdap
# Tdap Guidance for Schools

*This flyer was created to help schools determine if/when to refer a student for required vaccinations.*

<table>
<thead>
<tr>
<th>Student Age</th>
<th>Requirements</th>
</tr>
</thead>
</table>
| 10          | - Do not refer for Tdap (unless needed as part of catch-up schedule)  
- Refer student at age 11 for Tdap vaccine (ACIP & AZ school requirement)  
- Students who are 10 years of age and have not yet received their Tdap and Men ACWY are not to be excluded from school |
| 11          | - Refer students at 11 years of age for a Tdap and MenACWY  
  - Did student receive Tdap or Td @ 7-10 years of age?  
  - If yes, next dose of Tdap is due in 5 years, per ADHS rules  
    Note: student may receive another Tdap at age 11 from their healthcare provider following CDC/ACIP recommendations |
| Catch-up Ages 7-10 | - If a student did not complete the 4-5 dose childhood series of tetanus-diphtheria-pertussis containing vaccines (DTaP/DTP/DT), refer to provider for completion of the series |

For the purpose of insurance reimbursement, Tdap and MenACWY (MCV4) vaccines are usually administered at/after age 11. Please do not refer students to their provider at age 10 for the 11 year-old school requirements.

For further questions regarding school immunization requirements, contact the [Arizona Immunization Program Office at 602-364-3630](tel:602-364-3630).
Records must contain:

- Child’s name
- Child’s date of birth
- Name of vaccine
- Date of vaccine administration
- Signature/stamp
<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
<th>ASIIS#:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Vaccine (Date and Sign Each Entry)</strong></td>
<td><strong>1st Dose</strong></td>
<td><strong>2nd Dose</strong></td>
</tr>
<tr>
<td>(Hep B) Hepatitis B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature/Initials/Stamp of Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(RV) Rotavirus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Manufacturer/Product</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature/Initials/Stamp of Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(DTaP/DT) Diphtheria, Tetanus, Pertussis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature/Initials/Stamp of Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Hib) <em>Haemophilus influenzae type b</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Manufacturer/Product</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature/Initials/Stamp of Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(PCV13) Pneumococcal Conjugate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature/Initials/Stamp of Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(IPV) Polio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature/Initials/Stamp of Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(MMR) Measles, Mumps, Rubella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature/Initials/Stamp of Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(VAR) Varicella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature/Initials/Stamp of Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Hep A) Hepatitis A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature/Initials/Stamp of Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Td) Tetanus, Diphtheria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature/Initials/Stamp of Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Tdap) Tetanus, Diphtheria, Pertussis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature/Initials/Stamp of Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(MCV) Meningococcal Conjugate (ACWY)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature/Initials/Stamp of Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9vHPV) Human Papilloma Virus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature/Initials/Stamp of Provider</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Patient Vaccination Record

<table>
<thead>
<tr>
<th>Vaccine Family</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
<th>Dose 4</th>
<th>Dose 5</th>
<th>Dose 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP/DTP/Td</td>
<td>03/18/2013</td>
<td>05/16/2013</td>
<td>07/16/2013</td>
<td>04/18/2014</td>
<td>01/18/2017</td>
<td></td>
</tr>
<tr>
<td>OPV/IPV</td>
<td>03/18/2013</td>
<td>05/16/2013</td>
<td>07/16/2013</td>
<td>01/18/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>04/18/2014</td>
<td>01/18/2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td>03/18/2013</td>
<td>05/16/2013</td>
<td>07/16/2013</td>
<td>07/18/2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep A</td>
<td>01/16/2014</td>
<td>02/04/2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep B - 3 Dose</td>
<td>01/17/2013</td>
<td>02/19/2013</td>
<td>10/18/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>04/18/2014</td>
<td>01/18/2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td>03/18/2013</td>
<td>05/16/2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>11/08/2013</td>
<td>12/12/2013</td>
<td>10/06/2014</td>
<td>01/18/2017</td>
<td>10/06/2017</td>
<td>10/20/2018</td>
</tr>
<tr>
<td>Pneumo (PCV)</td>
<td>03/18/2013</td>
<td>05/16/2013</td>
<td>07/16/2013</td>
<td>01/16/2014</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of physician or authorized representative of health agency:
<table>
<thead>
<tr>
<th>Field Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Food Type</td>
<td></td>
</tr>
<tr>
<td>Practice/Provider Name</td>
<td></td>
</tr>
<tr>
<td>Medical Notes</td>
<td>(allergies, etc.)</td>
</tr>
</tbody>
</table>
### Arizona Required Vaccines for School K-12 grades (Dates Required)

<table>
<thead>
<tr>
<th>Vaccine (Disease)</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hep B (Hepatitis B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTaP (Diphtheria, Tetanus, Pertussis)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IPV / OPV (Polio)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Td (Tetanus, Diphtheria)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap (Tetanus, Diphtheria, Pertussis)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenACWY (MCV4, quadrivalent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ACIP/CDC Recommended Vaccines (Not Required for School K-12 grades – Documentation Optional)

<table>
<thead>
<tr>
<th>Vaccine (Disease)</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hep A (Hepatitis A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib (Haemophilus influenza type b) (&lt; 5 years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCV13 (Pneumococcal)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RV (Rotavirus)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV (Human Papillomavirus)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenB (Meningococcal B) (age 16+)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Exemption Status

- [ ] Medical Exemption for Evidence of Immunity
  - Permanent:
    - [ ] Diphtheria
    - [ ] Hepatitis B
    - [ ] Polio
    - [ ] Rubella
    - [ ] Measles
    - [ ] Tetanus
    - [ ] Mumps
    - [ ] Varicella
  - [ ] Required for history of measles, rubella or varicella.
  - [ ] Other:

- [ ] Medical Exemption for other medical reason (Permanent or Temporary):
  - Temporary until: (Date) ____________

- [ ] Personal Belief Exemption:
  - For K-12 grades only

### School Use Only:

Signature required if providing copy to parents or other school as official verification of immunization records.

I certify that the immunization information provided on this form is correct and verifiable.

Signature/Stamp: __________________________

Date: ____________

School Name: ____________________________

Phone Number: __________________________

Reviewed by: ____________________________

Date: ____________

[PRINT] [SAVE AS] [RESET]
✓ Immunization records are up-to-date  OR
✓ Student is on appropriate catch-up schedule  OR
✓ Appropriate ADHS exemption form is on file
Medical Exemption Form

Arizona law requires that schools, preschools and child care facilities retain this form in order for a child to be exempted from immunization requirements for medical reasons.

This is the official ADHS-provided format used by licensed physicians and registered nurse practitioners to document that 1) due to the child’s health or medical condition, the child may be adversely affected on a temporary or permanent basis by one or more of the required vaccine doses, 2) a child has laboratory evidence of immunity to one or more specific vaccine-preventable diseases and lab results are attached (required for measles, rubella, and varicella); or 3) the child has a documented medical history of disease OR laboratory evidence of immunity for diseases other than measles, rubella, and varicella.

Child’s Name ____________________________ Date of Birth ________________

To be completed by a licensed physician or registered nurse practitioner to exempt a child from school or child care immunization requirements.

Printed Name of Physician or Nurse _______________________________

Signature of Physician or Nurse _______________________________ Date ________________

Please list each vaccine included in the exemption and the reason for the exemption:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please indicate whether this is a permanent exemption [ ] or a temporary exemption [ ]

If the exemption is temporary, please list the date the exemption ends ____________________________

Parent/Guardian Section:

1. I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend child care and/or school until the risk period ends, which may be 3 weeks or longer.

2. I am aware that additional information about vaccine preventable diseases, vaccines, and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services.

(www.azdhs.gov/health/subweb/immunize.html)

Parent/Guardian Signature, ____________________________ Date ________________


ADHS Immunization Program Office __http://www.azdhs.gov/phs/immunization/________ July 1, 2013 (rev: 9/1/18)
# Religious Beliefs Exemption Form

For Child Care, Preschool and Head Start Programs

Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents who are raising their child in a religion whose teachings are in opposition to immunization to make the decision not to vaccinate their child.

Place an “X” in the box to the left of the disease(s) listed to exempt your child from the vaccine. Initial and date the box on the right.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: &quot;locking&quot; of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pertussis (Whooping Cough) (DTaP, Tdap): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the body, sterile, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and brain damage.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus Influenza type b (Hib): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing Hib if exposed to this disease. Serious symptoms and effects of this disease include meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat that makes it hard to breathe, infections of the blood, joints, bones, and covering of the heart, and death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis A if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), &quot;flu-like&quot; illness, hospitalization, and death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Due to my religious beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child.

Initials ___________________________

I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services (www.azdhs.gov/phs/immun).

I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend child care until the risk period ends, which may be 3 weeks or longer.

Child's Name ________________________ Date of Birth (month/day/year) ______________

Parent/Guardian Signature ______________ Date (month/day/year) ______________

# Personal Beliefs Exemption Form

**Kindergarten – 12th Grade Only**

Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents to decide whether or not to vaccinate their child.

By state law (A.R.S. §15-873) a child will not be allowed to attend school until either proof of immunization or a completed exemption form is submitted to the school. The information below is provided to ensure that parents are informed about the risks of not vaccinating.

Place an “X” in the box to the left of the disease(s) listed to exempt your child from the vaccine. Initial and date the box on the right.

<table>
<thead>
<tr>
<th>Disease Description</th>
<th>Initials</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: “locking” of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pertussis (Whooping Cough) (DTaP, Tdap): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio (IPV): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and brain damage.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing meningococcal disease. Serious symptoms and effects of this disease include: brain damage, sepsis (systemic infection) permanent scarring or loss of limbs, and death.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Due to my personal beliefs, I request an exemption for my child from the required vaccine dose(s) selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child.

- I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no cost vaccination services are available from my local county health department and Arizona Department of Health Services (www.azdhs.gov/phs/immunization/).
- I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend school until the risk period ends, which may be 3 weeks or longer.

Child’s Name ___________________________ Date of Birth (month/day/year) ___________________________

Parent/Guardian Signature ___________________________ Date (month/day/year) ___________________________
Annual Immunization Data Report (IDR)

Preschool, kindergarten and 6th grade
Inform
Monitor
Identify
Who needs to complete an IDR?

• ALL schools in the state of Arizona that serve students in 6th grade, kindergarten, or child care/preschool/Pre-K (ages 18 months+)

• DO NOT submit before/after school care only
Homeschool and Distance Learning programs

Does the child attend any school-based activities such as band, sports, field trips, etc.?

Yes

The school is required to keep immunization records for this student and s/he should be included in the IDR.

No

If the child is 100% home-based on does not attend any events/activities/classes with the school than immunization records are not required. S/he not need to included in the IDR.
Getting Started

• Gather immunization records for:
  ✓ Preschool  ✓ Kindergarten  ✓ 6th grade

• You will need to report the following information *by vaccine*
  ✓ Total # fully immunized  ✓ Total # catch-up/minimum interval
  ✓ Total # with exemptions on file  ✓ Total # not in compliance

• You will also need to report:
  ✓ Total # of temporary medical exemptions
  ✓ Total # of permanent medical exemptions
  ✓ Total # of religious/personal belief exemptions to one or more vaccines
  ✓ Total # who are exempt from ALL vaccines

• Go to the IDR web page at:
What is conditional admission/catch-up?

• What IS a catch-up schedule?
  ✓ More than 1 dose is required for school
  ✓ The student has at least 1 dose (usually late)
  ✓ The student is in the *minimum interval* period before s/he can receive the next dose

• What is NOT a catch-up schedule?
  ✓ “Conditionally admitting” a student who does not have documentation of up-to-date immunization
  ✓ A student who is behind on vaccines but is not in a minimum interval period

• For information about minimum interval periods, please see the ADHS requirement guides.
Understanding your Immunization Data Report

What is the difference between fully immunized and in compliance?

- **Fully immunized/coverage** – the percent of students who have received the required doses for each vaccine type and are up-to-date
  → Target range is **95% and above**

- **Compliance** - the percent of students who either have an up-to-date immunization record or a valid exemption on file
  → Target range is **100%**

- For example: There are 100 students in a class. 80 are fully vaccinated for MMR, 10 are exempt and 10 are not exempt but also are not up-to-date.
  - Coverage: 80/100 are fully vaccinated → **80% fully immunized**
  - Compliance: 90 are either up to date OR exempt for MMR → **90% compliant**
Questions and Assistance

• AZIDR@azdhs.gov or 602-364-3630

• 8-5 M-F, except federal holidays

• Your IDR is due no later than November 15th! We encourage you to start early. This allows you time to get answers to any questions that you may have and still submit the IDR on time.
Arizona Immunization Rates*

2018-2019 School Year

*Based on the ADHS Immunization Data Reports through 2018-2019
Kindergarten MMR coverage decreased again this year.

Agency Scorecard Target: **95.5%**
Kindergarten MMR vaccination rates in Pinal county fell just below the state rate.
Only 4 in 10 kindergarten classrooms have the coverage levels necessary to stop a measles outbreak.

This means over 5,000 Arizona kindergarteners would be at risk for measles.
Kindergarten personal belief exemptions continued to *increase* in 2018.
The kindergarten personal belief exemption rate in Pinal county was slightly lower than the state rate.

State rate: 5.9%
Pinal: 5.5%
Non-medical** exemption rates have *increased* from 2017.

**Non-medical exemptions refer to children who are not immunized due to parental religious (child care) or other personal (K-12) beliefs.
Non-medical exemption rates in 2018 were more than 4 times higher than they were in 2000.
Personal belief exemption rates are higher in charter and private schools than in public district-based schools.

- **Kindergarten**: 4.9% (charter), 9.2% (private), 9.2% (public)
- **6th Grade**: 5.1% (charter), 8.7% (private), 10.2% (public)
Immunization Education Course:

A Possible Solution to the Use of Personal Belief Exemptions
2019 Extended Pilot
Arizona School (K-12)
Immunization Education Course

Immunization is the safest and most effective public health tool available for preventing disease and death.
COURSE OVERVIEW

ARIZONA LAW

What state law requires about immunizations and exemptions.

VACCINES

How they work and the risks and benefits of required vaccines.

EXEMPTIONS

Overview of exemptions and instructions for generating an exemption form.

GETTING VACCINATED

Link to Arizona Department of Health Services’ Immunization Program and vaccination resources.
Vaccine Review

You will return to this Vaccine Review page after each review is completed so you can select another vaccine, close the course or proceed to print an exemption form.

Please note if you’re requesting an exemption: only the vaccine reviews you complete will be listed on the exemption form. You can review the vaccines in any order.

Click on any vaccine to begin your review.
Personal Beliefs Exemption Form
(Immunization Education Course Form)
Kindergarten - 12th Grade Only

Due to my personal beliefs I request an exemption for my child from the required vaccine(s) indicated below. I viewed the Arizona Department of Health Services online Immunization Education Course. I am aware that if I change my mind in the future, I can obtain immunizations and rescind the exemption.

Child's Name ________________________________

First                      Middle                      Last

Date of Birth (month/day/year) ________________________________

This child is exempted from the following vaccine(s):
(The vaccines that are NOT crossed out are the vaccines selected for exemption)

- Tetanus, Diphtheria and Pertussis
- measles, Mumps and Rubella
- Varicella
- Hepatitis B
- Meningococcal

I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend school for up to 3 weeks or until the risk period ends.

Parent/Guardian Signature ___________________________ Date: ___________________________

Please turn this form in to your child's school.

Comments (after printing)

This form has been generated from the ADHS Immunization Education Course online program. Schools may accept originals, copies, faxes, and email PDFs of this form as long as the parent name, course date, and exempted vaccines have been computer generated on the form by the Immunization Education Course program. Parent/guardian signature is required.
Immunization Education Course

ADHS Immunization Education Course for Personal Beliefs Exemptions

By far, most parents in Arizona vaccinate their children. But parents who do not want their children to be vaccinated can claim the following types of exemptions for their child(ren):

1. Religious Beliefs Exemption – for use only in child care facilities, preschool, and pre-kindergarten programs
2. Personal Beliefs Exemption – for use only in grades K-12

The Arizona Department of Health Services (ADHS) is responsible for providing education to parents who choose to exempt their child(ren) from school required immunizations. ADHS will be conducting a pilot project for the 2019-2020 school year designed to provide this education through the use of an online course.

At participating schools, parents wishing to obtain a Personal Beliefs Exemption form will be asked to complete the Immunization Education Course. Parents of children attending pilot program schools should click the link in this paragraph to access the education course, which also leads to the exemption form. The parent should print and sign the exemption form created from the course and return that form to the school. See the full instructions at the bottom of this page.

This online course is designed only for the use of Personal Beliefs Exemptions in grades K-12 at pilot program schools. It does not change the process to request and obtain a Medical Exemption form or the Religious Beliefs Exemption form.

Start Immunization Course

Resources

- Letter from the ADHS Director
- Handbook-Arizona Immunization Education Course
- FAQs for Parents
- FAQs for Schools
- Immunization Education Course Pilot Webinar 2019
- Immunization Education Course Pilot Webinar 2019 (slides)
- Parent Information Flyer
Thank you for all you do!

Rachael Salley, MPH
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Health and Wellness for all Arizonans