

School Immunization Law Update



January 2010

Oregon Immunization Law: Schools, Children's Facilities & Colleges

Oregon Revised Statutes
433.235 through 433.284
(Disease Control in Schools)

Oregon Administrative Rules
333-050-0010 through 333-050-0140
(School Immunization Rules)

www.oregon.gov/DHS/ph/imm/law

Oregon School Immunization Law

- Where are immunizations required?

- Schools
 - Public and Private
- Children's Facilities
 - Preschool
 - Childcare
 - Head Start
- Colleges (2 doses of Measles vaccine)

- What exemptions are allowed?

- Medical
- Immunity
- Religious

Claiming
A Religious
Exemption
to School /
Child Care
Immunization
Requirements
In Oregon

*What Parents
Need To Know*



www.oregon.gov/DHS/ph/imm/school

CIS (front)

Required vaccines

- Diphtheria/ Tetanus/ Pertussis
- Tdap (grades 7 & 8)**
- Polio
- Varicella
- Measles/Mumps/ Rubella
- Hepatitis B
- Hepatitis A (childcare, preschool, kindergarten, grade 1)**

.....-Hib.....



Oregon Certificate of Immunization Status Oregon Department of Human Services, Immunization Program

Oregon law requires proof of immunization be provided or a religious or medical exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Department of Human Services, Immunization Program and may be released to the Department or the local Public Health Authority by the school or children's facility upon request of the Department. Vaccine history must include at least the month and year. Please list immunizations in the order they were received.

| | | | |
|---|-------------------------------|--|---|
| Child's Last Name <i>Apellido</i> | First <i>Primer Nombre</i> | Middle Initial <i>Segundo Nombre</i> | Birthdate <i>Fecha de Nacimiento</i> |
| Mailing Address <i>Dirección</i> | City <i>Ciudad</i> | State <i>Estado</i> | Zip Code <i>Código Postal</i> |
| Parents' Names <i>Nombre de los padres</i> | | Home Telephone Number <i>Número de Teléfono</i> | |

Complete for all
 Update
 Medical
 Religious

| Vaccines | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Dose 5 |
|---|------------|------------|------------|------------|------------|
| Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td) | (mm/dd/yy) | (mm/dd/yy) | (mm/dd/yy) | (mm/dd/yy) | (mm/dd/yy) |
| Booster Dose Tdap (not give prior to 10 years of age) | | | | | |
| Polio (IPV or OPV) | | | | | |
| Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy) | | | | | |
| Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only | | | | | |
| Hepatitis B (Hep B) | | | | | |
| Hepatitis A (Hep A) | | | | | |
| Haemophilus Influenzae Type B (Hib) Required only under age 5 years | | | | | |

I certify that the above information is an accurate record of this child's immunization history.

Signature* _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

| |
|-------------------------------------|
| For school/facility use only |
| School/facility Name |
| Student ID Number |
| Grade |

*Parent, guardian, child at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

Continued On Reverse Side

CIS (back)

- Recommended vaccines
- Medical and Immunity Exemption instructions
- Religious Exemptions



Oregon Certificate of Immunization Status, Page 2 Oregon Department of Human Services, Immunization Program

Child's Last Name *Apellido* First *Primer Nombre* Middle Initial *Segundo Nombre* Birthdate *Fecha de Nacimiento*

| Recommended Vaccines | Recommended Vaccines: | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Dose 5 |
|--|--|--------|--------|--------|--------|--------|
| | Pneumococcal (PCV7) (Only children less than 5 years) | | | | | |
| Meningococcal (MCV4, MPSV4) | | | | | | |
| Human Papilloma Virus (HPV) (Only girls age 9 years or older) | | | | | | |
| Influenza (Flu) | | | | | | |
| Other Vaccine Please specify: | | | | | | |
| Other Vaccine Please specify: | | | | | | |

For medical exemptions:
Please submit a letter signed by a licensed physician stating:

- Child's name
- Birth date
- Medical condition that contraindicates vaccination
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

For Immunity Exemptions (history of disease or positive titer):
Please submit a letter signed by a licensed physician stating:

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

Religious exemption:
I have read and understand the information in the brochure that I received. I am aware of the potential risks of my child being unimmunized, including being excluded from attending school during a disease outbreak. My child is being raised as an adherent to a religion the teachings of which are opposed to immunization and I request that my child be exempted from the following required immunizations:

| | | | |
|---------------------|--------------------------|-------------|--------------------------|
| Diphtheria/ Tetanus | <input type="checkbox"/> | Pertussis | <input type="checkbox"/> |
| Meningitis | <input type="checkbox"/> | Polio | <input type="checkbox"/> |
| Mumps | <input type="checkbox"/> | Varicella | <input type="checkbox"/> |
| Rubella | <input type="checkbox"/> | Hib | <input type="checkbox"/> |
| Hepatitis B | <input type="checkbox"/> | Hepatitis A | <input type="checkbox"/> |

Signature of Parent or Guardian _____ Date _____

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature _____ Date _____

Update Signature _____ Date _____



OREGON IMMUNIZATION ALERT

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This is a secure encrypted page.

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Name: [REDACTED]
DOB: 1/1/2001
Age: 90 mos (7yrs & 6mos)

Printable CIS form from ALERT!

Immunization History:

| Vaccine Series | Vaccine Name | Date | Notations |
|-------------------|--------------|-----------|-----------|
| D/T Series | DTP/DTaP | 3/6/2001 | |
| | DTP/DTaP | 5/2/2001 | |
| | DTP/DTaP | 8/10/2001 | |
| | DTP/DTaP | 6/2/2002 | |
| | DTP/DTaP | 2/12/2005 | |
| Polio | Polio | 3/6/2001 | |
| | Polio | 5/2/2001 | |
| | Polio | 8/10/2001 | |
| | Polio | 7/3/2004 | |
| Varicella | Varicella | 3/15/2002 | |
| MMR/ME | MMR | 3/15/2002 | |
| | MMR | 7/3/2004 | |
| Hep B | Hep B | 1/2/2001 | |
| | Hep B | 3/6/2001 | |
| | Hep B | 8/10/2001 | |
| Hib | Hib, NOS* | 3/6/2001 | |
| | Hib, NOS* | 5/2/2001 | |
| | Hib, NOS* | 8/10/2001 | |
| | Hib, NOS* | 6/2/2002 | |

[Forecasts](#) [FAQs](#)

Shots Past Due

Per ACIP as of 7/14/2008
» VAR

ALERT uses the **Advisory Committee on Immunization Practices (ACIP)** recommendations for immunization forecasts. See details on **immunization algorithms** for more information. School law requirements will differ from ACIP recommendations. See details on **School law** for more information.

Printable CIS from ALERT

Update Signature



Oregon Certificate of Immunization Status Oregon Department of Human Services, Immunization Program

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DOB/BABY Billy 1/1/2001

Child's Last Name Appleby **Sex** Male **Health Status** Reported as healthy **Children** Name of Mother(s)

Home Address **City** **State** **Zip Code**

| Required Vaccines | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Dose 5 |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| DTaP/DTaP/Polio/DTaP (DTaP,DT,DT,DTaP) | 10/14/07 10/14/07 | 10/14/07 10/14/07 | 10/14/07 10/14/07 | 10/14/07 10/14/07 | 10/14/07 10/14/07 |
| Booster Dose 5th (not given after 10 years of age) | / / | / / | / / | / / | / / |
| Polio (IPV or OPV) | 10/14/07 | 10/14/07 | 10/14/07 | 10/14/07 | / / |
| MM (Mumps) (MM or MM) <input type="checkbox"/> MM (Mumps) (MM or MM) (MM) (MM) (MM) (MM) (MM) | 10/14/07 | / / | / / | / / | / / |
| MM (Mumps) (MM) or | 10/14/07 | 10/14/07 | / / | / / | / / |
| MM (Mumps) (MM) MM (Mumps) only | / / | / / | / / | / / | / / |
| MM (Mumps) (MM) MM (Mumps) only | / / | / / | / / | / / | / / |
| MM (Mumps) (MM) MM (Mumps) only | / / | / / | / / | / / | / / |
| MM (Mumps) (MM) | 10/14/07 | 10/14/07 | 10/14/07 | / / | / / |
| MM (Mumps) (MM) | 10/14/07 | 10/14/07 | / / | / / | / / |
| MM (Mumps) (MM) (MM) (MM) (MM) (MM) (MM) | 10/14/07 | 10/14/07 | 10/14/07 | 10/14/07 | / / |

I certify correct entry information is an accurate record of all the child's immunization history.

Printed from Oregon Immunization Alert 07/16/2005

Signature _____ Date _____

Update Signature _____ Date _____

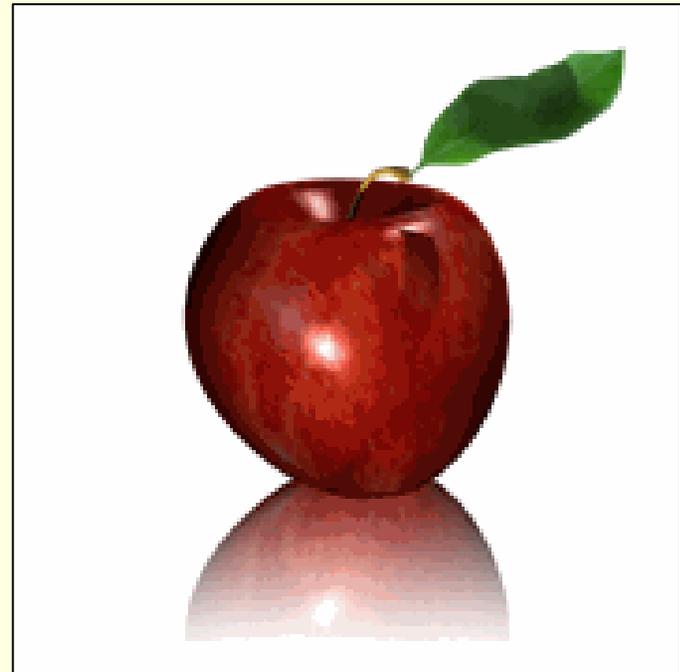
Update Signature _____ Date _____

Update Signature _____ Date _____

| |
|--|
| For School/Facility use only Name of Facility Name |
| Signature of Director |
| Date |

School Law Update: 2008-09

- Children covered by school and children's facility immunization law:
 - Over 650,000
- Exclusion Orders:
 - 36,784
- Children excluded:
 - 4,667



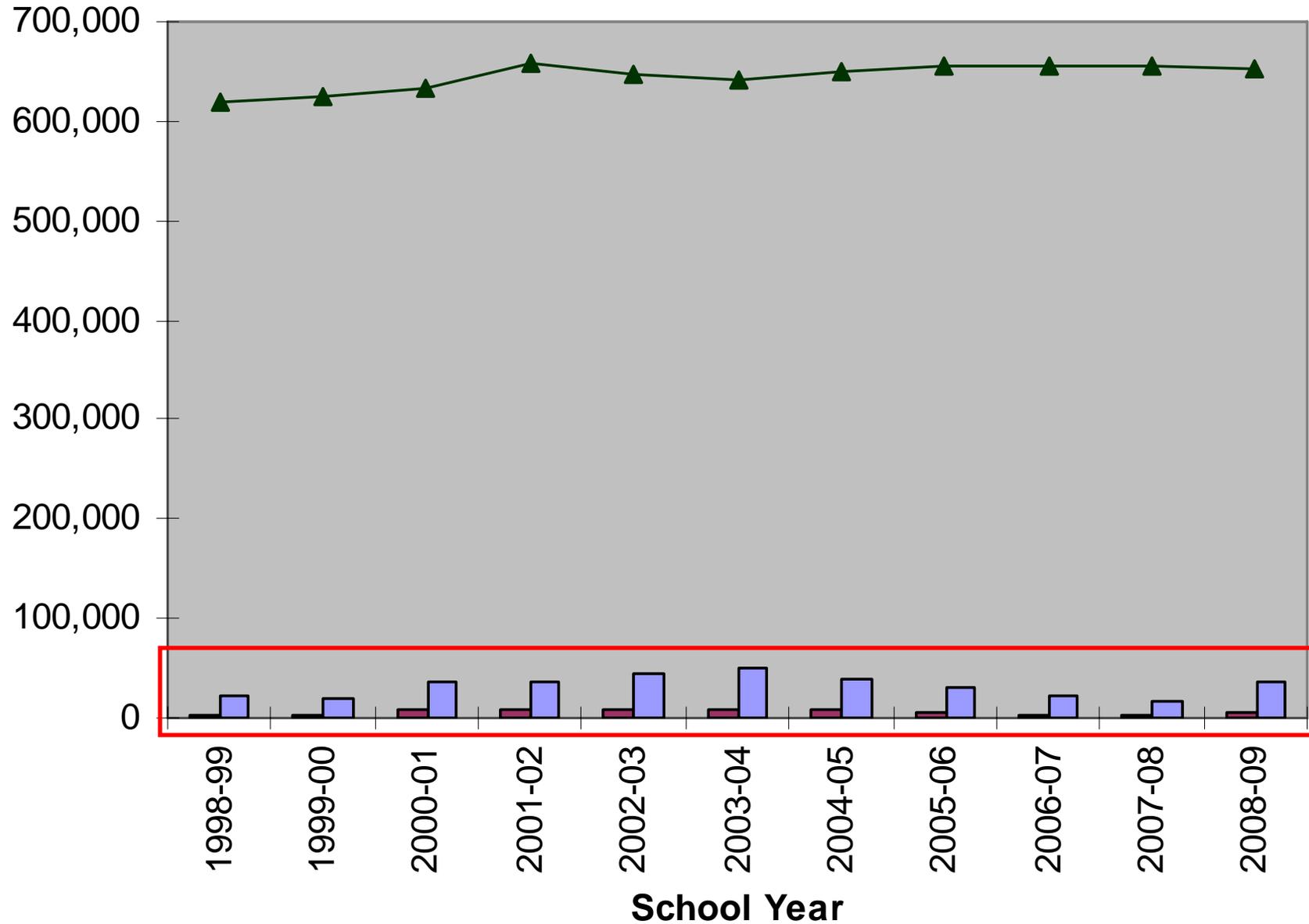
Exclusion Dates



| | School Year 2009-2010 | School Year 2010-2011 |
|-------------------------|--------------------------|--------------------------|
| Exclusion orders mailed | February 3, 2010 | February 2, 2011 |
| Exclusion Day | February 17, 2010 | February 16, 2011 |

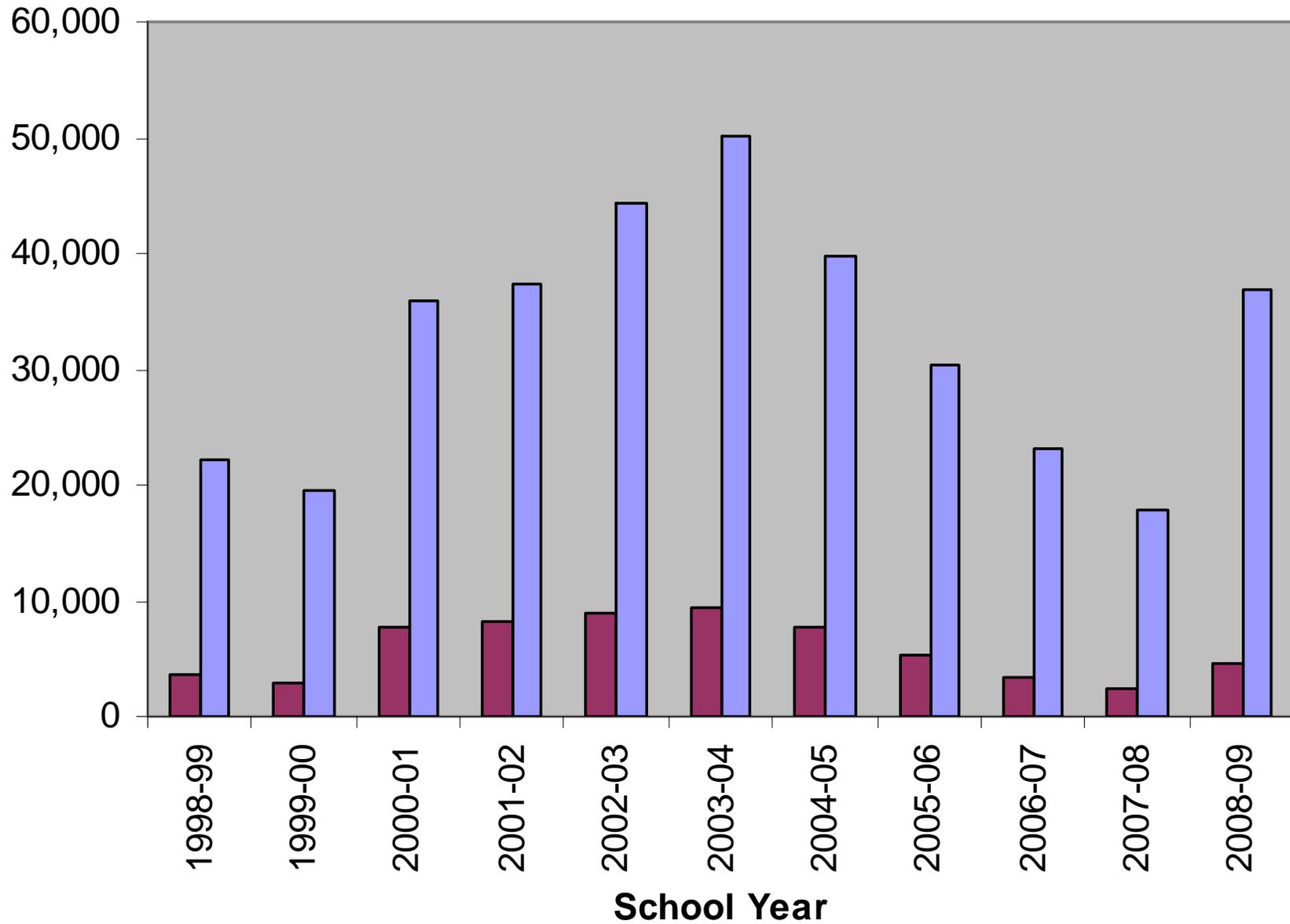


Exclusions, Exclusion Orders, and Enrollment



■ Exclusions ■ Exclusion Orders ▲ Enrollment in Schools and Children's Facilities

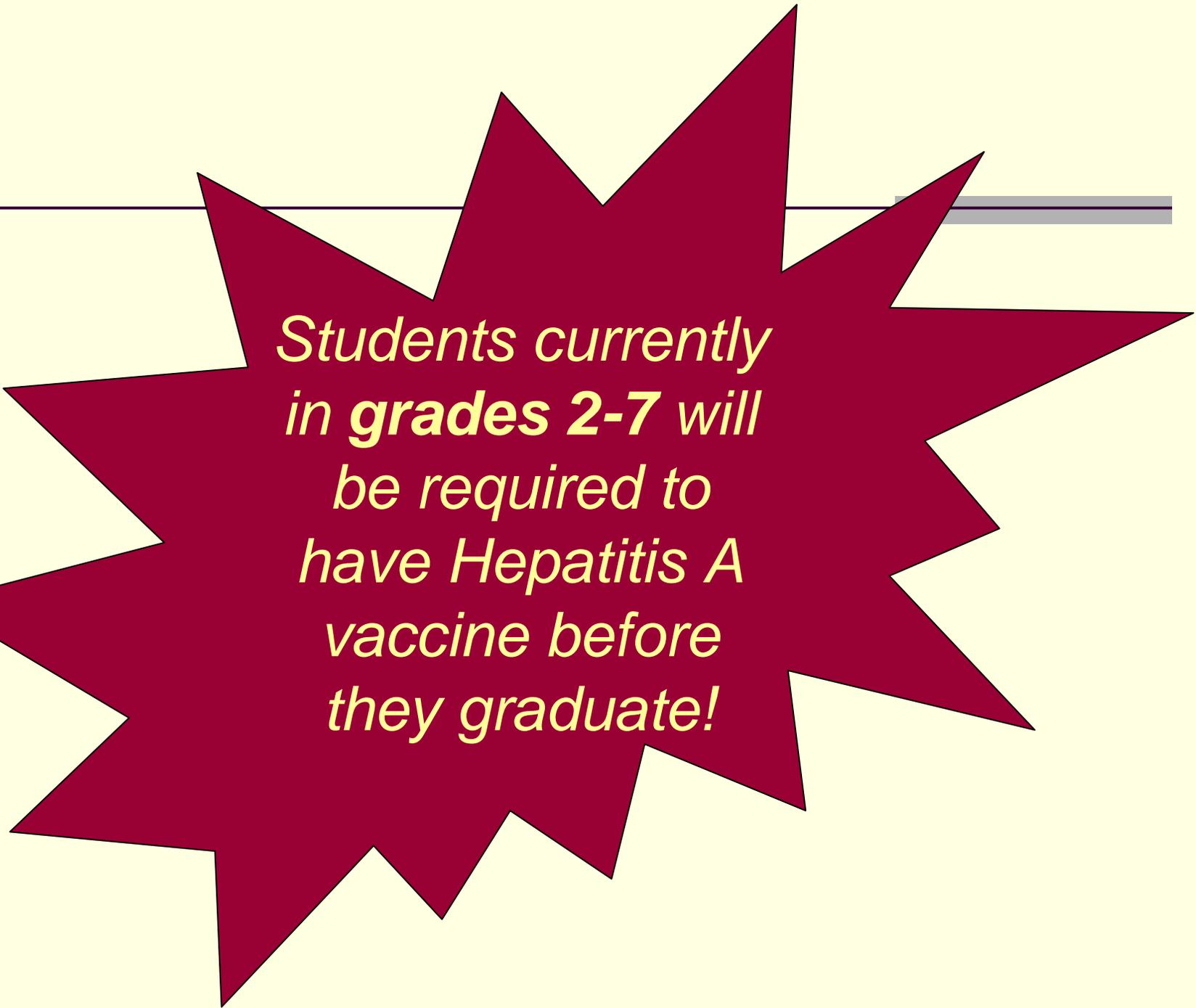
Exclusions and Exclusion Orders



■ Exclusions ■ Exclusion Orders

Hepatitis A: New Requirement Started Last School Year

- Dose 1 required for children 18 months and older in childcare, preschool, Head Start, kindergarten and 1st grade
- Dose 2 required by 12 months after the first dose
- Hepatitis A will be phased in:
 - One grade level per year through 5th grade in 2013-2014
 - All grades through 12th in 2014-2015



*Students currently
in **grades 2-7** will
be required to
have Hepatitis A
vaccine before
they graduate!*

Tdap: New Requirement Started Last Year

- One dose of Tdap is required for all 7th and 8th graders by Exclusion Day 2010
- Tdap will be phased in:
 - One grade level per year, finishing with 12th grade in 2013-2014



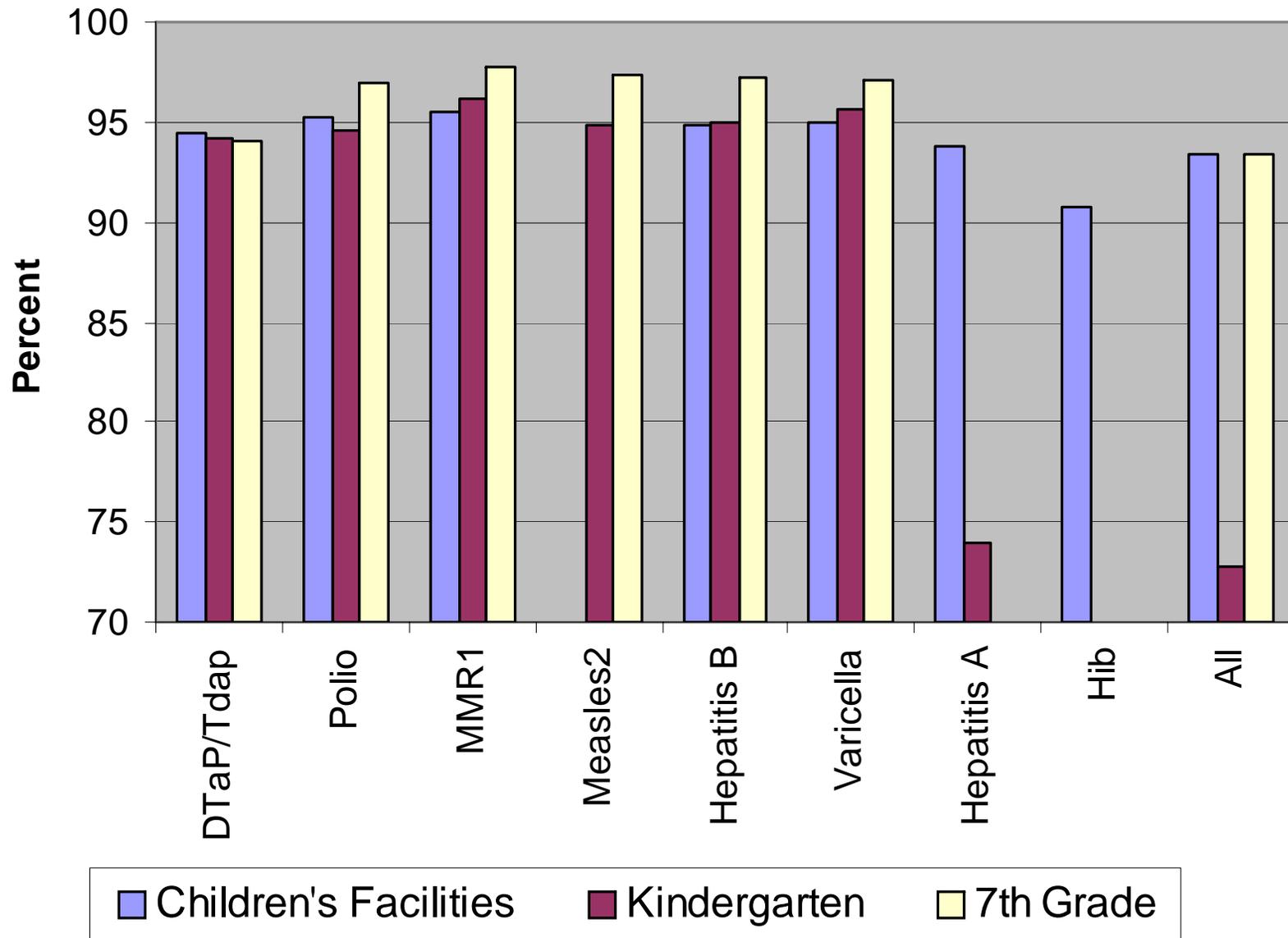
A Special Note About Pertussis

In the past few years, four Oregon babies have died of pertussis.

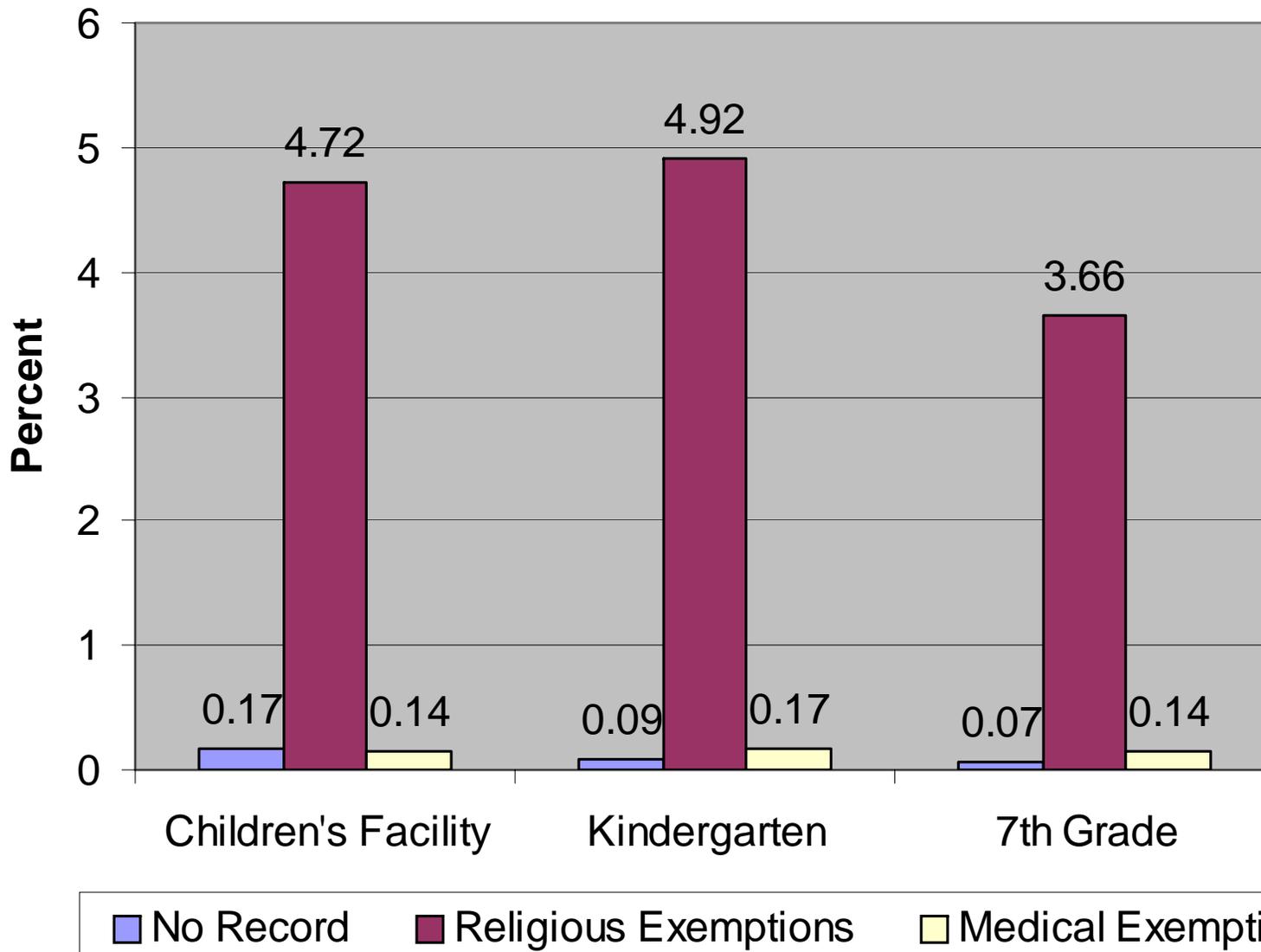
The most common sources of pertussis infection in children are caregivers and loved ones: parents, siblings, other relatives, teachers, daycare providers, and healthcare professionals.

Adolescents and adults through 64 years of age are recommended to get one dose of Tdap, especially if it's been over ten years since your last tetanus shot or if you're ever around infants.

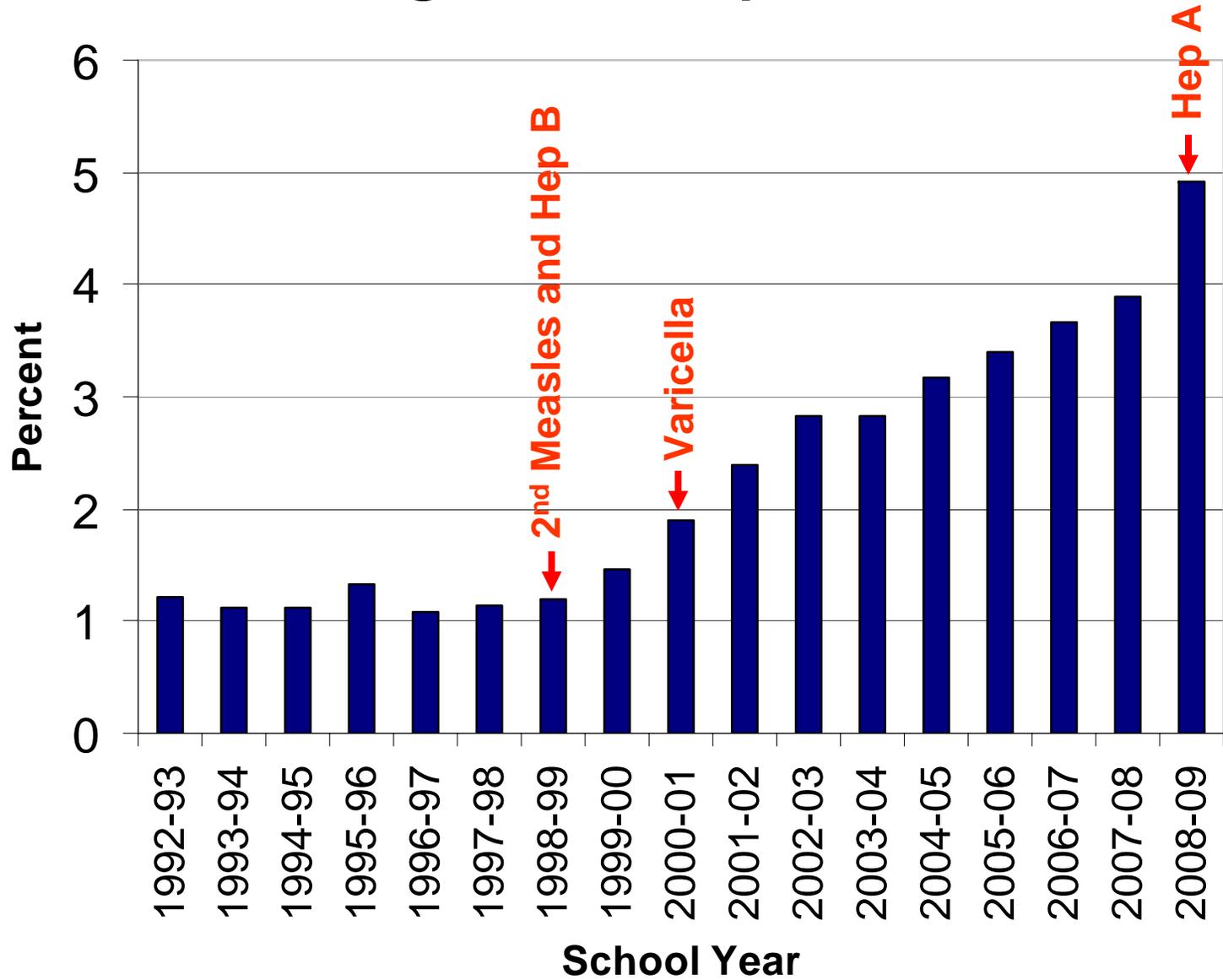
Children up-to-date or complete for school-required immunizations, 2008-09



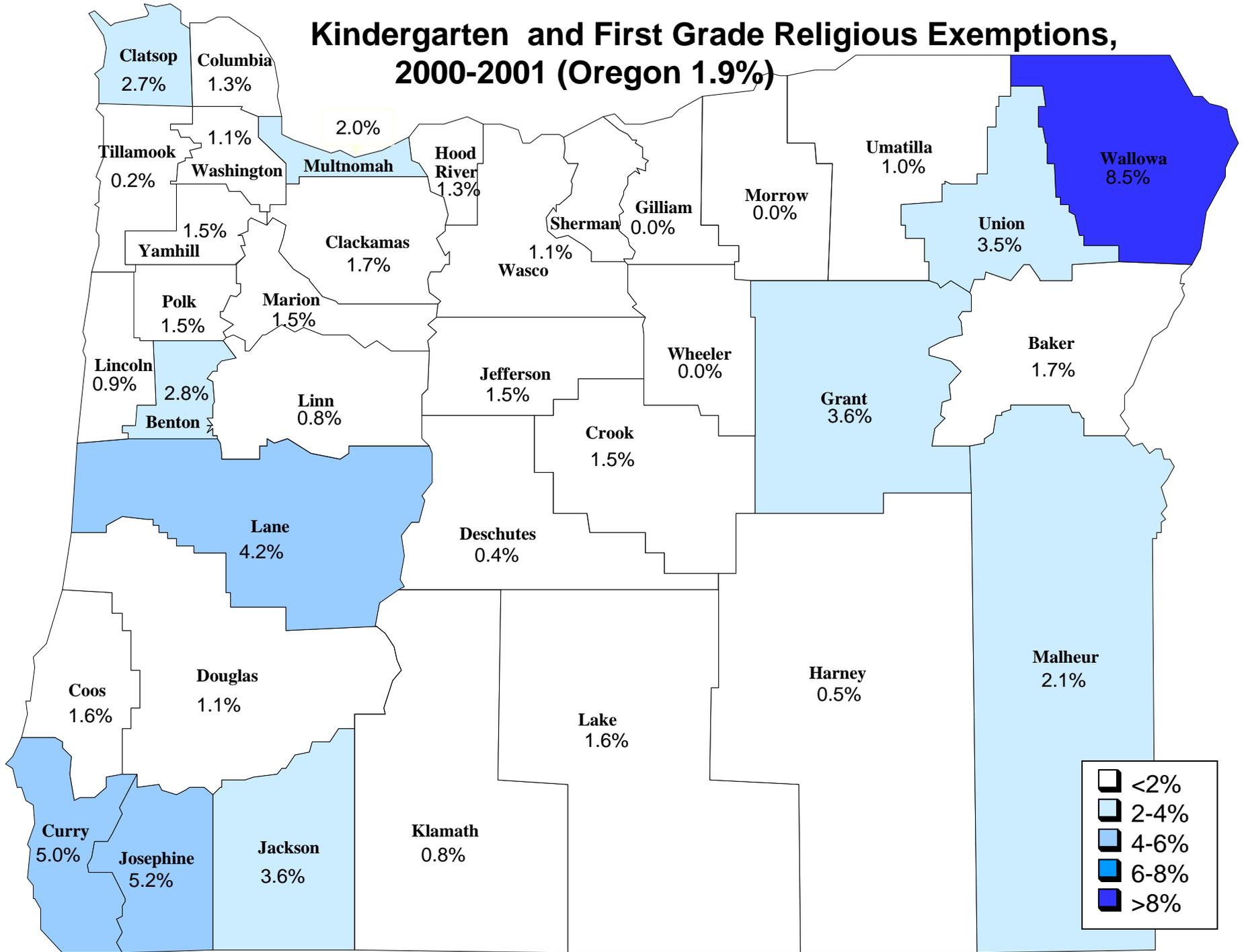
Percent Children with No Record, Religious and Medical Exemptions, 2008-2009



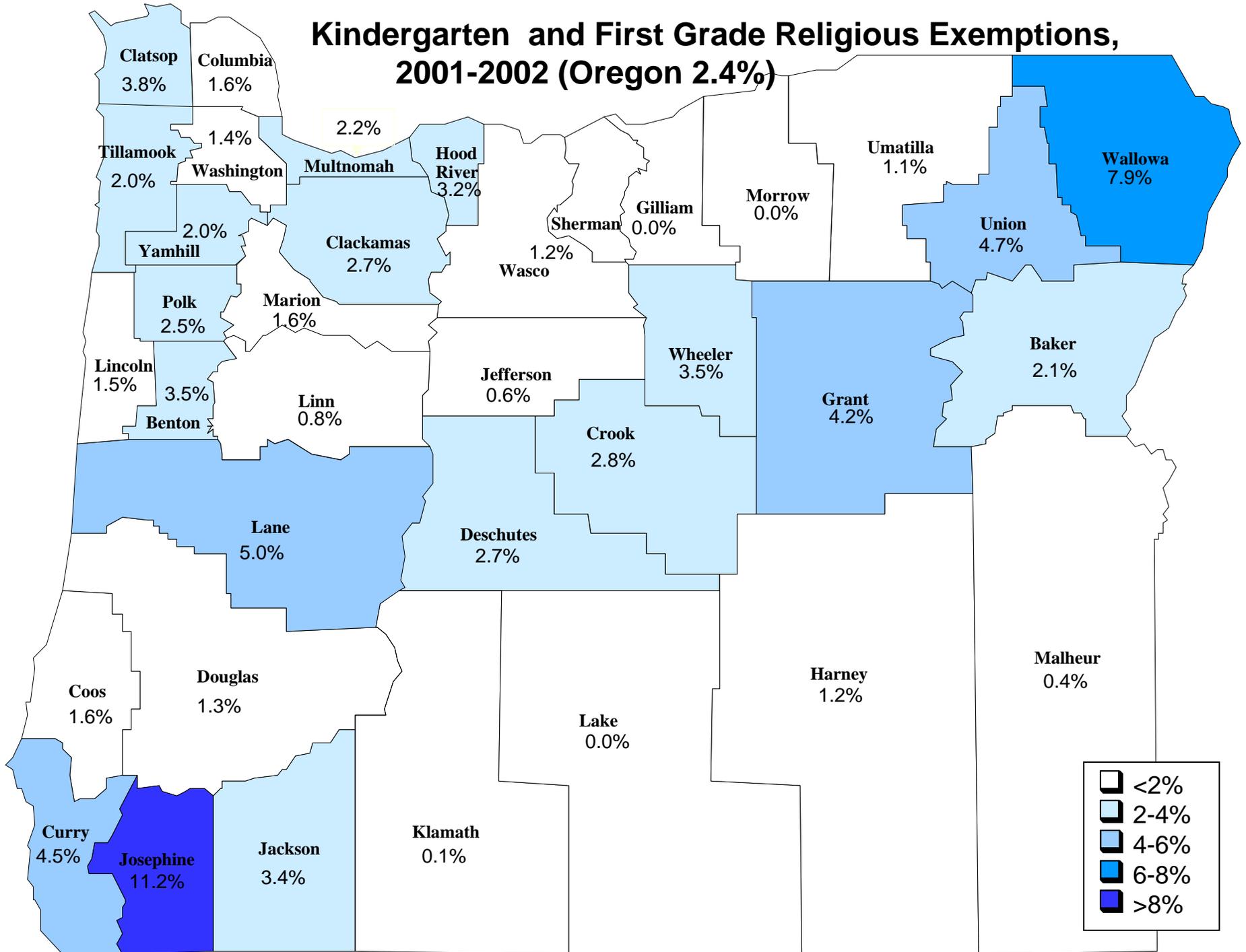
Kindergarten and 1st Grade Religious Exemptions



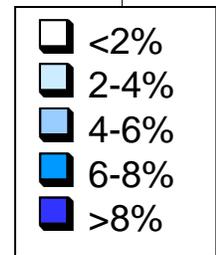
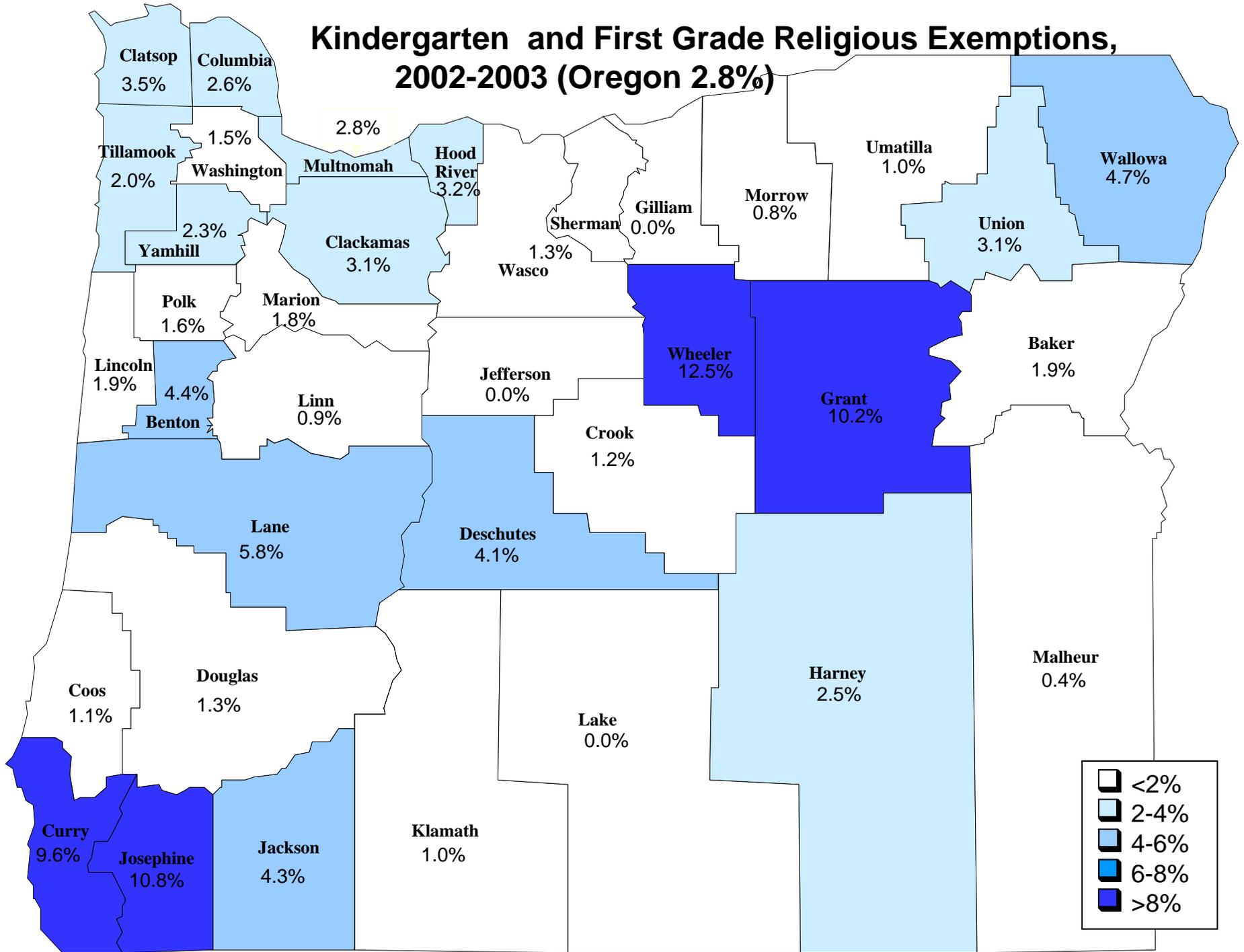
Kindergarten and First Grade Religious Exemptions, 2000-2001 (Oregon 1.9%)



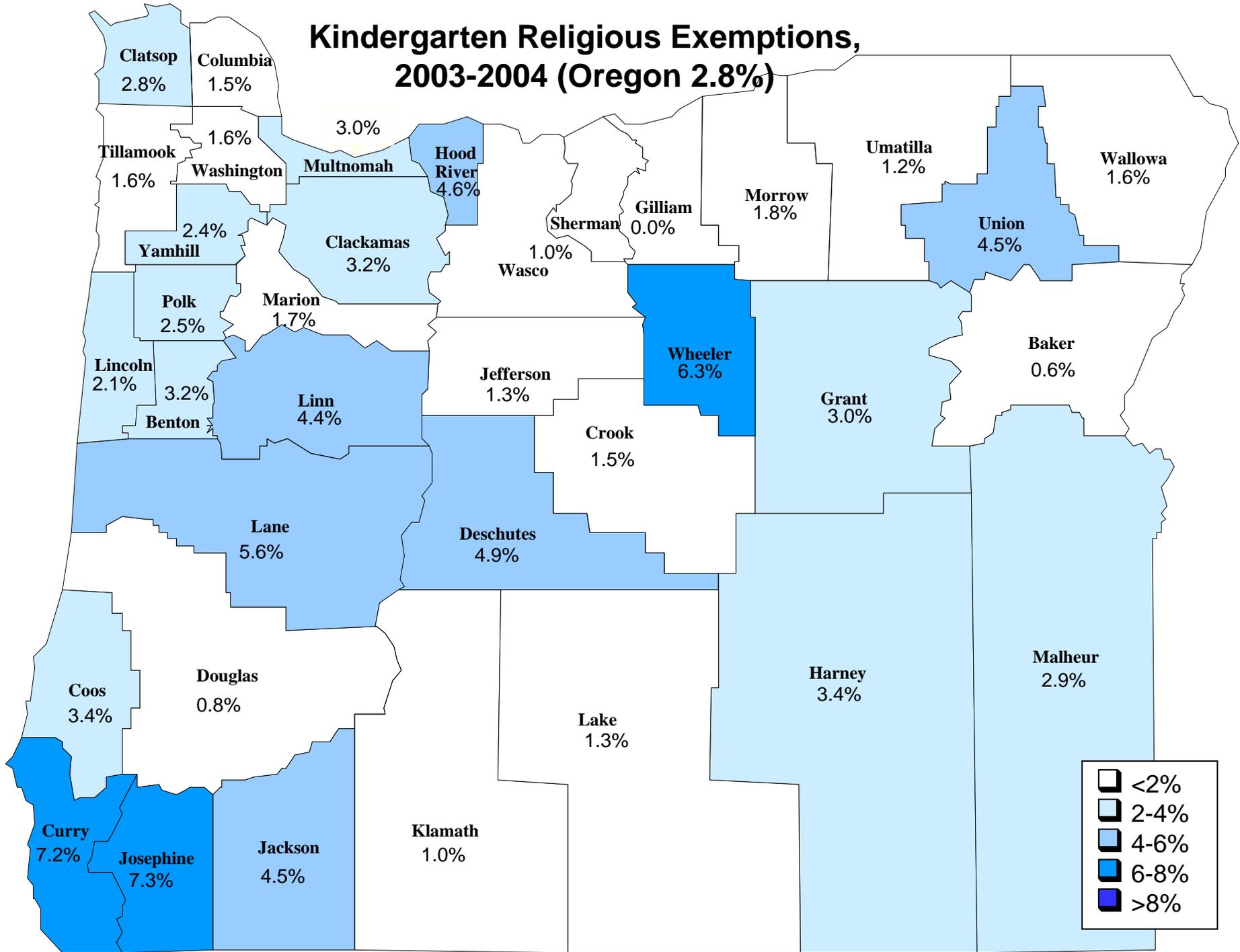
Kindergarten and First Grade Religious Exemptions, 2001-2002 (Oregon 2.4%)



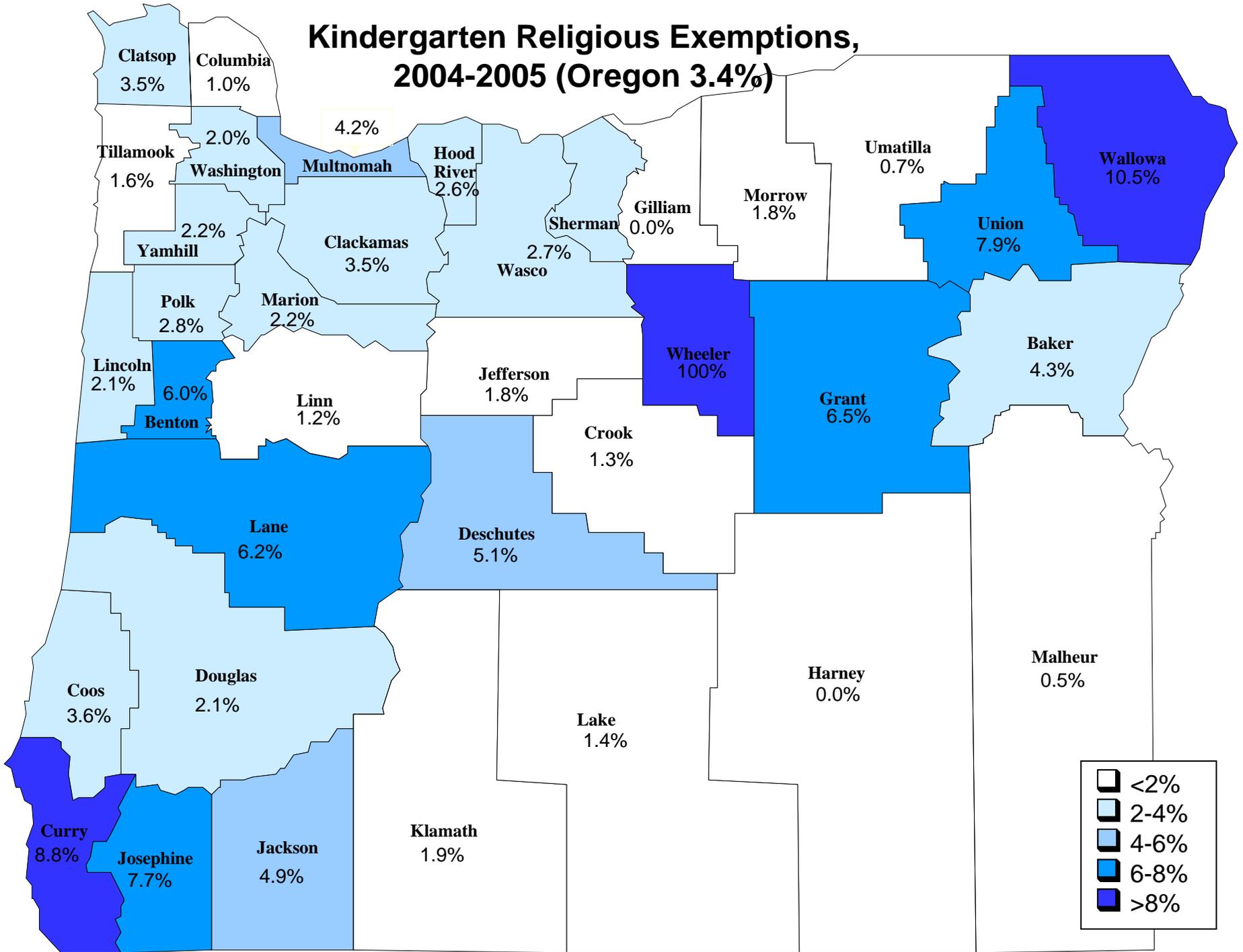
Kindergarten and First Grade Religious Exemptions, 2002-2003 (Oregon 2.8%)



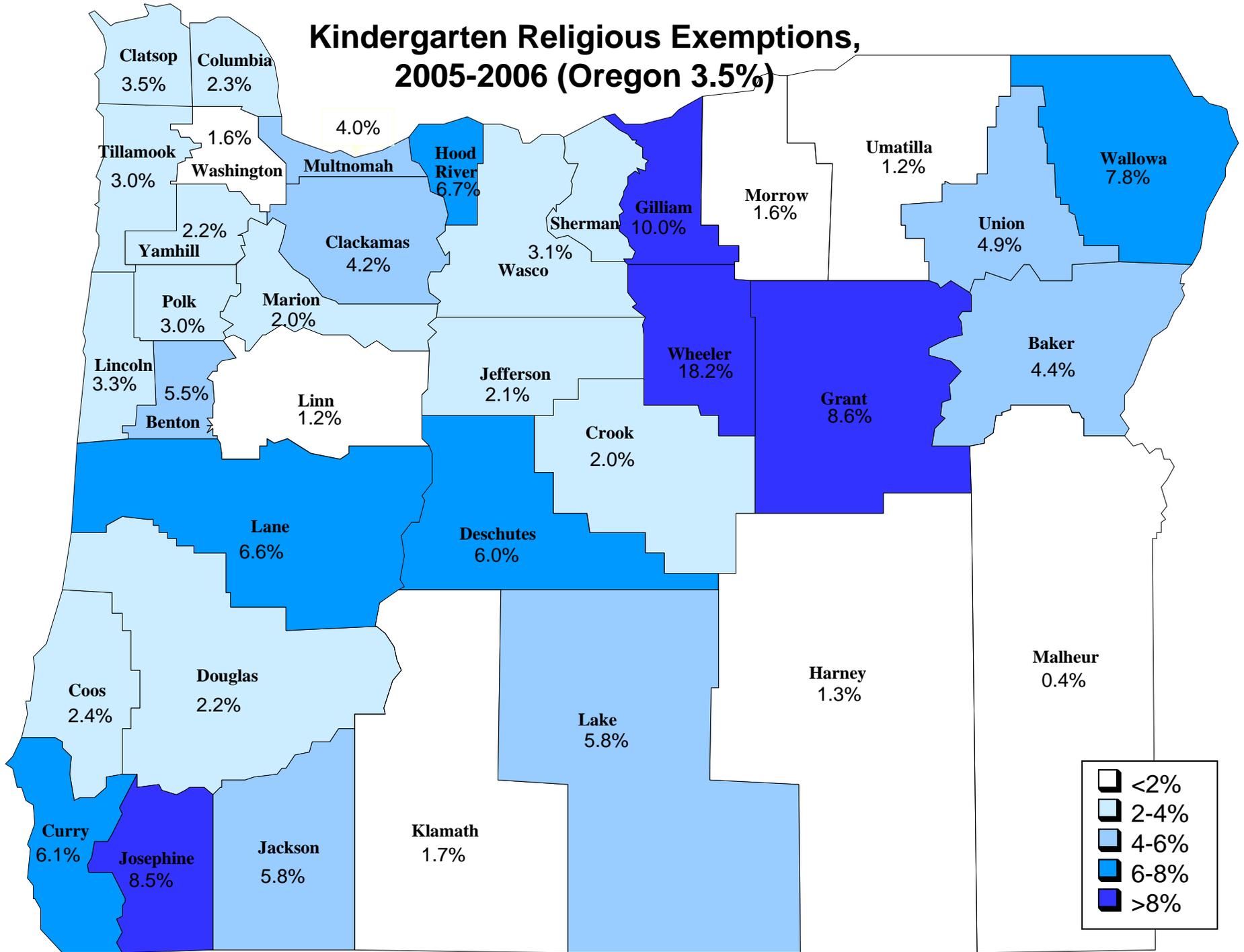
Kindergarten Religious Exemptions, 2003-2004 (Oregon 2.8%)



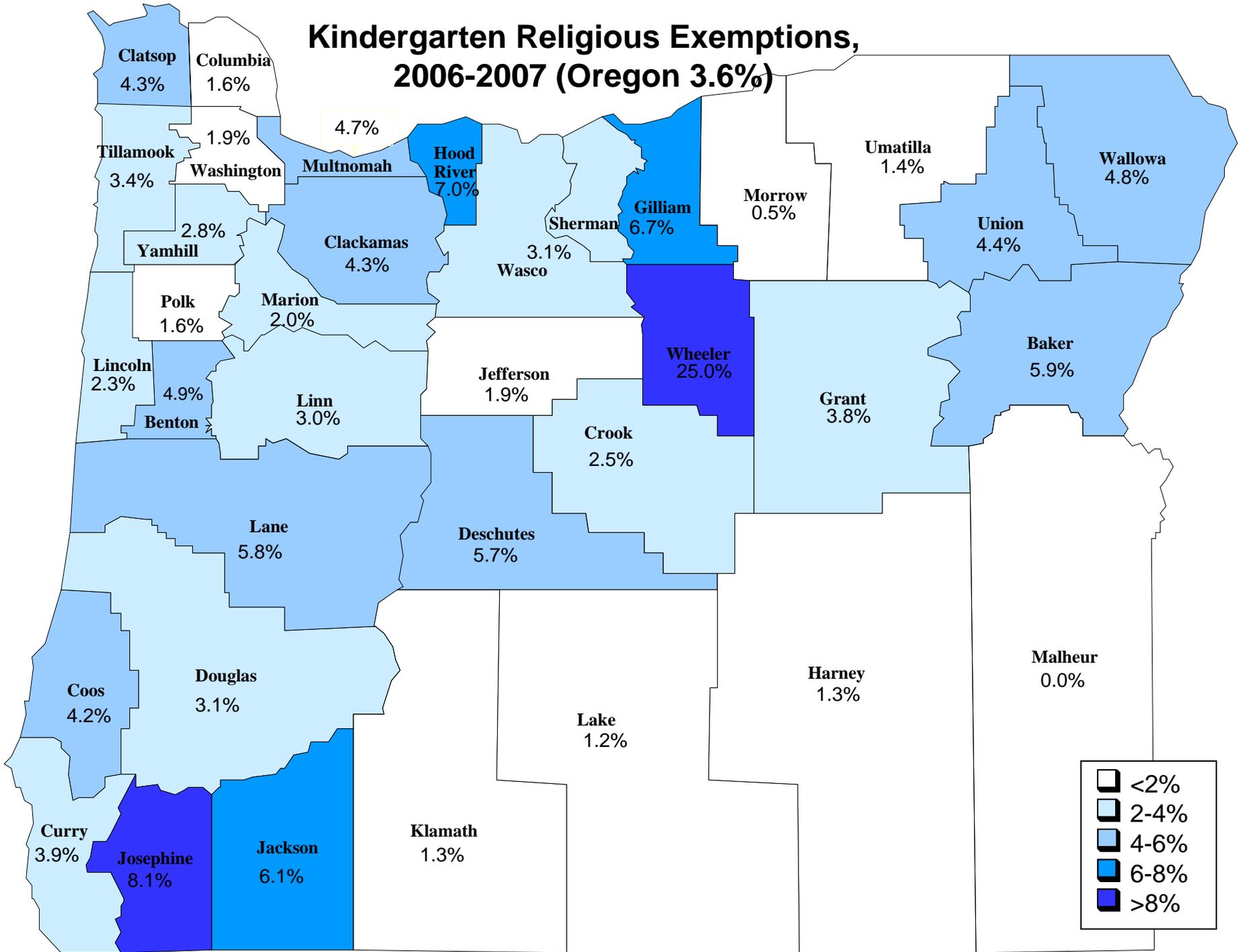
Kindergarten Religious Exemptions, 2004-2005 (Oregon 3.4%)



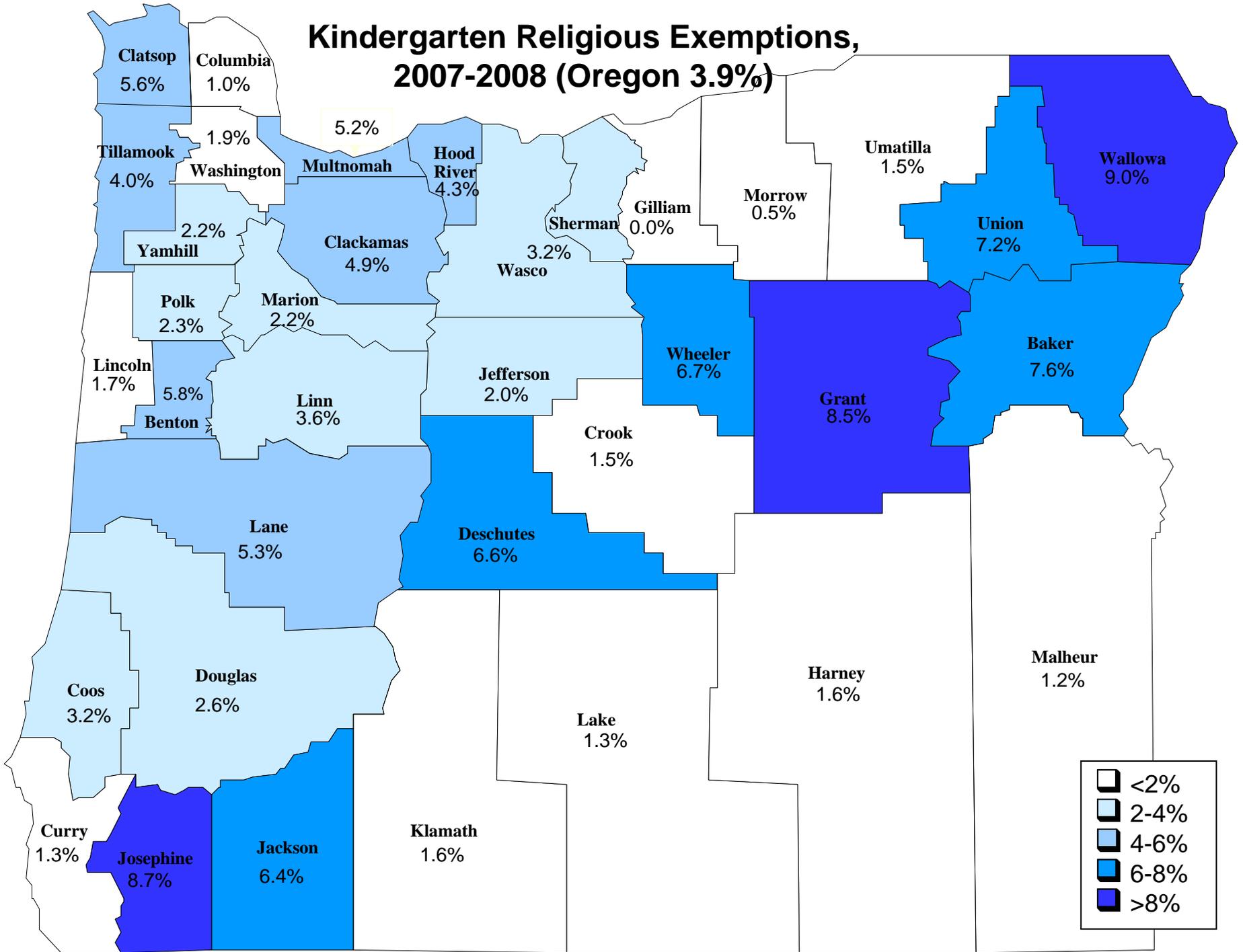
Kindergarten Religious Exemptions, 2005-2006 (Oregon 3.5%)



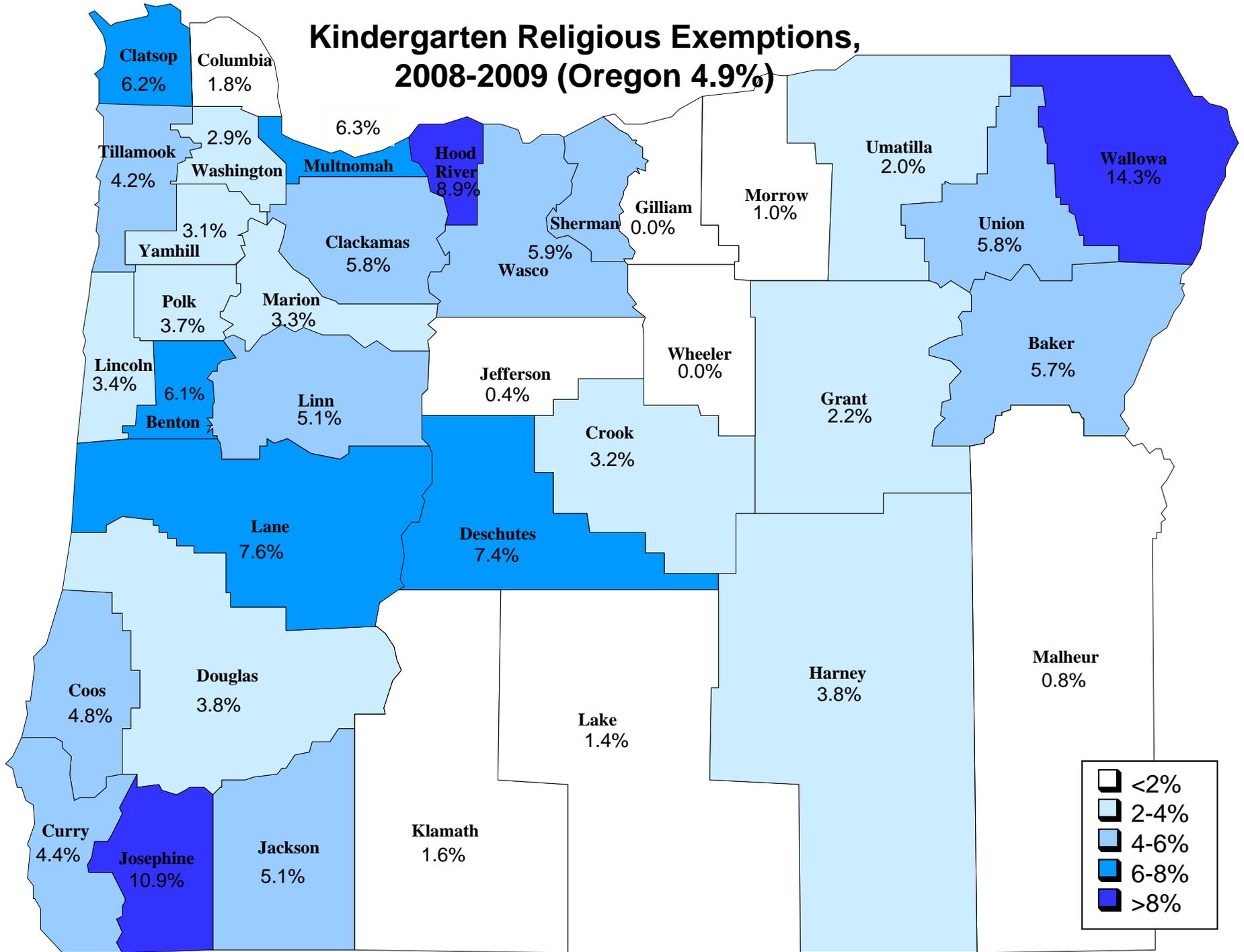
Kindergarten Religious Exemptions, 2006-2007 (Oregon 3.6%)



Kindergarten Religious Exemptions, 2007-2008 (Oregon 3.9%)



Kindergarten Religious Exemptions, 2008-2009 (Oregon 4.9%)





Coming Soon . . .

2011

- Issuing exclusion orders for students with religious exemptions for some vaccines but incomplete for other vaccines
- Collection of religious exemption data by antigen

(Pending funding)



Coming Soon . . .

April

**Assessments for SBHC Adolescent
Immunization Projects**



Coming Soon . . .

Mid-2010

Oregon Immunization ALERT is being replaced with a new system this year.

Look for more information coming your way this spring. We'll be showing off the new ALERT Immunization Information System, plus giving you the scoop on all the new functionality.

New Immunization Law Handbook

- Sent to all schools, certified childcares, preschools and Head Starts last school year

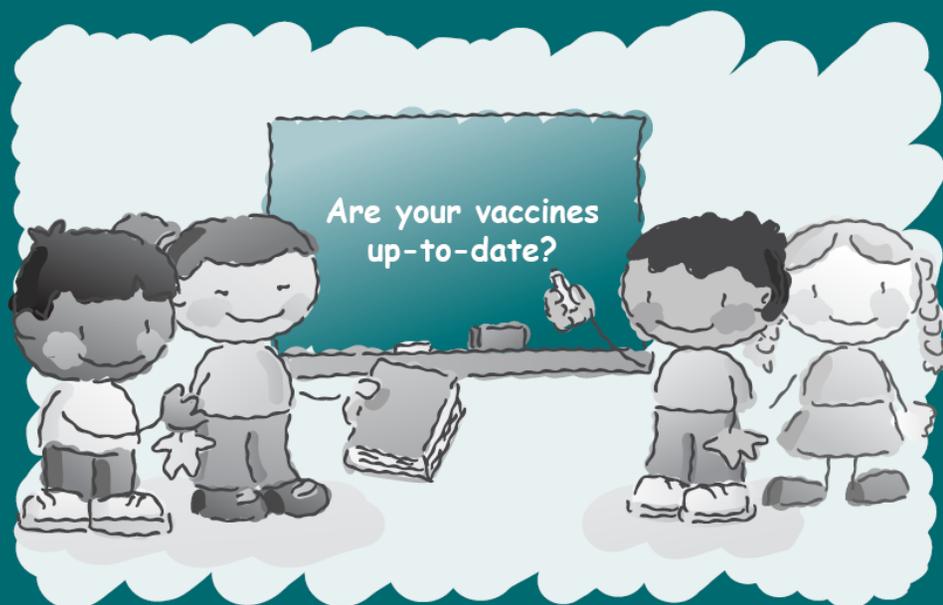
- Available at:

www.oregon.gov/DHS/ph/imm/docs/SchLawHandbook08.pdf

OREGON DHS: PUBLIC HEALTH DIVISION

Immunization Law Handbook

For Schools, Preschools, Head Starts and
Certified Day Care Providers



10th Edition
October 2008

Address  <http://www.oregon.gov/DHS/ph/imm/school/index.shtml>

OREGON.gov

Immunization Program

Department 

Immunization Law for Schools/Children's Facilities

- Temporary Suspension of Hib Immunization Requirements
- New School and Childcare Requirements for 2009-2010
- School/Facility Immunization Advisory Committee
- For Parents
- For Schools and Children's Facilities
- For Colleges
- For Medical Providers

<http://www.oregon.gov/DHS/ph/imm/school/>

Frequently Asked Questions

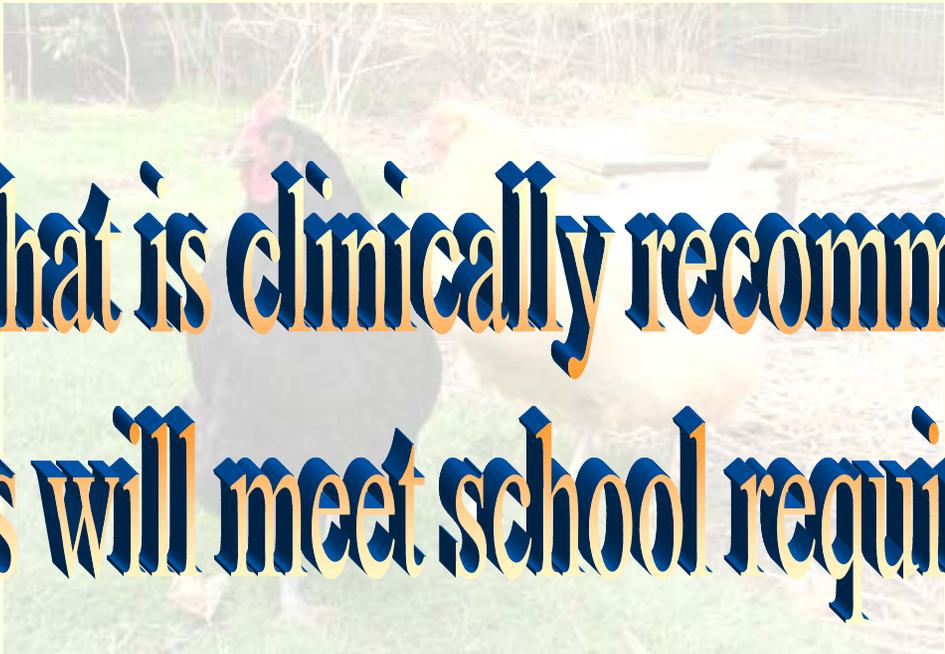
1. Is the 2nd dose of varicella required for school attendance?



Frequently Asked Questions

1. Is the 2nd dose of varicella required for school attendance?

Answer—sometimes



**Give what is clinically recommended,
and kids will meet school requirements.**

Frequently Asked Questions

2. Do schools count potentially subpotent doses?

| | | |
|---------------------|--|------------|
| Pneumococcal | PCV7 | 10/11/2007 |
| | PCV7 | 12/14/2007 |
| | PCV7 | 2/28/2008 |
| | PCV7 | 8/15/2008 |
| | <i>- Potentially subpotent dose - re-vaccination recommended. Has this dose been readministered? (more info)</i> | |
| | PCV7 | 2/5/2009 |
| Influenza | Influenza | 10/30/2008 |
| | Influenza | 2/5/2009 |
| Hep A | Hep A, NOS | 8/15/2008 |
| | <i>- Potentially subpotent dose - re-vaccination recommended. Has this dose been readministered? (more info)</i> | |
| | Hep A, ped/adol | 2/5/2009 |

Frequently Asked Questions

2. Do schools count potentially subpotent doses?

Answer—yes

**Give what is clinically recommended,
and kids will meet school requirements.**

Frequently Asked Questions

3. Does the 4th dose of polio have to be given after the 4th birthday for school attendance?



Frequently Asked Questions

3. Does the 4th dose of polio have to be given after the 4th birthday for school attendance?

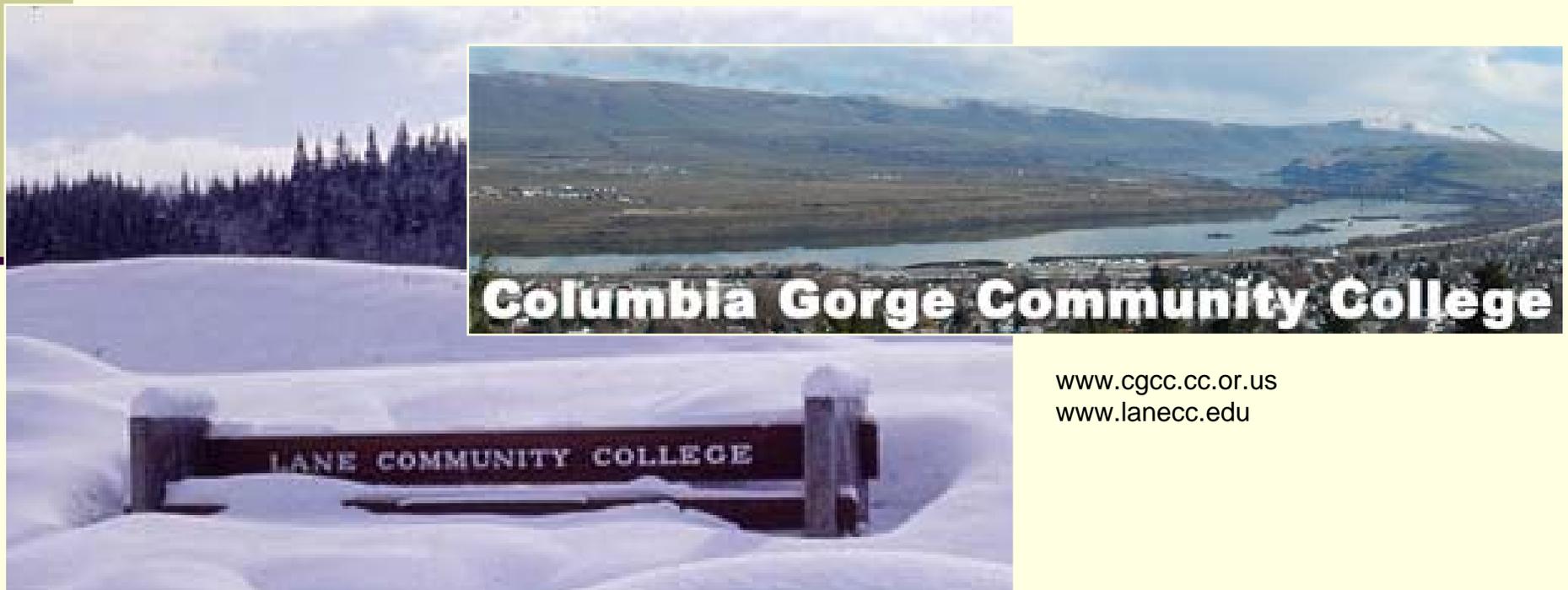
Answer—no

Give what is clinically recommended,
and kids will meet school requirements.



Frequently Asked Questions

4. Is meningococcal vaccine required for college students?



www.cgcc.cc.or.us
www.lanecc.edu

Frequently Asked Questions

4. Is meningococcal vaccine required for college students?

Answer—no (but colleges can make their own policies that are stricter than state law)

**Give what is clinically recommended,
and kids will meet school requirements.**

www.cgcc.cc.or.us
www.lanecc.edu

Not-As-Frequently-Asked-Anymore Questions

5. Is H1N1 vaccine going to be required for school attendance?



Not-As-Frequently-Asked-Anymore Questions

5. Is H1N1 vaccine going to be required for school attendance?

Answer—no

**Give what is clinically recommended,
and kids will meet school requirements.**



Immunization School Law Contacts

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