

STATE OF COLORADO

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Colorado Department
of Public Health
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Immunization FAQs Required Vaccines for 2011-12 School Year

Scheduling and Documentation

1. Question: Is there a ‘**grace period**’ for vaccines that are given earlier than the required age?

Answer: Yes. The rule is: “vaccine doses administered no more than 4 days before the minimum interval or age are to be counted as valid.” For example, if MMR or Varicella is given more than 4 days before the 1st birthday, the dose is to be repeated.

2. Question: What is the difference between the “**recommended**” vaccine schedule and the “**required**” vaccine schedule?

Answer: The “recommended” vaccine schedule is the optimum schedule approved by the Advisory Committee on Immunization Practices (ACIP) and is an immunization “best practice” for protecting children against vaccine preventable disease. It is a slightly more stringent schedule than Colorado’s “required” vaccine schedule, and those health care providers and clinics who administer vaccines following the ACIP guidelines are providing optimum coverage for Colorado’s children. The “required” vaccine schedule includes those vaccines “minimally” required for school entry by the Colorado Board of Health (BOH). The “required” vaccine schedule can be located in Tables 1 & 2 in the “Rules of the Colorado Board of Health” located on the Colorado Department of Public Health and Environment’s immunization web site:

<http://www.cdphe.state.co.us/dc/Immunization/BOH%20Rules%20word%20doc%20FINAL11-18-10.pdf>

3. Question: There are times when an immunization record will not include the complete date of administration. If a full date is not available, what is the “**default date**” for recording a vaccine in the record?

Scenario #1: If the vaccine administered is MMR or Varicella **and** the dose in question was administered at 12 months in the birth month of the child (e.g. the parent’s record indicates a dose of MMR was administered on 12/2001 and the child’s birth date is 12/5/2000).

Answer: The dose should only be counted and recorded in a new clinic record if the month, day and year of the vaccine administration are recorded. If the day the vaccine was administered is not noted, reasonable attempts should be made to obtain the exact day. If this information is not available/located, the dose **SHOULD NOT BE COUNTED**.

Scenario #2: If the vaccine administered is MMR or Varicella **and** the dose in question was administered at least 12 months after the birth month of the child (e.g. the parent's record indicates a dose of MMR was administered on 12/2001 and the child's birth date is 11/9/2000).

Answer: The dose should be counted and recorded in a new clinic record if the month, day and year of the vaccine administered are recorded. If the day the vaccine was administered is not noted, reasonable attempts should be made to obtain the exact day. If this information is not available or located, the dose should be recorded as the 15th of the month noted (e.g. the parent's record indicates a dose of MMR was administered on 12/2001 and the child's birth date is 11/9/2000). If the exact day the dose was administered cannot be obtained through reasonable efforts, the dose of MMR should be recorded as 12/15/2001).

Scenario #3: If any other dose of vaccine is administered (other than MMR or Varicella).

Answer: The dose should be counted and recorded in a new clinic record if the month, day and year of the vaccine administration are recorded. If the day the vaccine was administered is not noted, reasonable attempts should be made to obtain the exact day. If this information is not available/located, the dose should be recorded as the 15th of the month noted (e.g. the parent's record indicates a dose of Hepatitis B was administered on 12/2001. If the exact day the dose was administered cannot be obtained through reasonable efforts, the dose of Hepatitis B should be recorded as 12/15/2001).

Varicella Vaccination and Chickenpox Disease

4. Question: What are the grade level requirements for the 1st and 2nd doses of **Varicella** vaccine?

Answer: 1 dose of Varicella will be required for students in 5th through 11th grades. 2 doses are required at Kindergarten through 4th grades for the 2011-12 school year.

5. Question: Is documentation of chickenpox disease required to come from a **health care provider**?

Answer: Yes. A healthcare provider diagnosis of disease or verification/screening and documentation of history of chickenpox disease is required. For all children who have parent-reported cases of chickenpox disease noted on their current Certificate of Immunization prior to the 2007-2008 school year, that documentation will be accepted. For all children new to the Colorado school system and for all children who do not have chickenpox disease recorded on the Certificate of Immunization prior to the 2007-2008 school year, they must now have documentation of the disease by a health care provider (physician or RN) or a laboratory confirmation showing immunity to the disease.

6. Question: Why does chickenpox disease need to be documented by a **health care provider**?

Answer: The intent of the board of health requirement is to consistently implement the national recommendations of the Advisory Committee on Immunization Practices (ACIP). It is recommended that suspected chickenpox disease or history of chickenpox disease be documented in the child's medical record by their primary care provider. Health care providers who are not the child's *primary* care provider can encourage the parent to utilize the medical home model by establishing care with a primary care provider.

7. Question: Can a **public health nurse** or a **school health nurse** document history of chickenpox?

Answer: Yes. For the purposes of facilitating this requirement for documentation of chickenpox disease, it is appropriate for an RN who is a public health nurse in a local health department or a

school nurse in a school to screen for the disease history based on parents' report of symptoms. A reliable history of chickenpox disease is important and if, in the screening process, an RN, PA or a physician does not feel that the report from the parent truly describes the disease, education about the varicella vaccine and/or the referral to a provider's office or clinic for vaccination is appropriate.

8. Question: What is considered acceptable **documentation of a history of chickenpox disease?**

Answer: The documentation of disease may come from the child's medical record, be noted on a prescription pad or on an alternate form that comes from the provider's office. If a public health nurse or a school nurse screens for the disease history and determines the child has had chickenpox, he/she can record the date in the appropriate box in the Certificate of Immunization.

9. Question: In obtaining a reliable history of chickenpox, how are both **primary infection** and **breakthrough disease** identified?

Primary Infection (Chickenpox): In children, the rash is often the first sign of disease. The rash is generalized and itchy and progresses rapidly from macules to papules to vesicular lesions before crusting. It typically appears first on the head, then on the trunk and then the extremities; the highest concentration of lesions is on the trunk. Lesions also occur on mucous membranes of the oropharynx, respiratory tract, vagina, conjunctiva, and the cornea. Vesicles may rupture (clear liquid) or become purulent before they dry and crust. Healthy children usually have 200 to 500 lesions in 2 to 4 successive crops over several days. The clinical course is generally mild, with malaise, itching and a temperature up to 102 degrees F for 2 – 3 days. ([Epidemiology and Prevention of Vaccine-Preventable Diseases](#), 12th Edition, May 2011, page 302). Photos of chickenpox disease can be viewed at: www.cdphe.state.co.us/dc/epidemiology/Varicella

Breakthrough Disease: "A case of wild-type varicella infection occurring more than 42 days after vaccination. Such disease is usually mild with a shorter duration of illness, fewer constitutional symptoms, and fewer than 50 skin lesions. Breakthrough cases with fewer than 50 lesions have been found to be one third as contagious as varicella in unvaccinated persons with 50 or more lesions, but breakthrough cases with 50 or more lesions can be just as contagious as cases in unvaccinated persons." (VPD Surveillance Manual, 5th Edition, 2011, Varicella, Chapter 17-1: <http://www.cdc.gov/vaccines/pubs/surv-manual/chpt17-varicella.pdf>). If a school nurse or public health nurse does not feel that the report of disease is reliable, provide education and refer to clinic for vaccine.

Tdap/Td/Dtap

10.Question: What grades are required to have **Tdap** (tetanus/diphtheria/pertussis) vaccine for the 2011-12 school year?

Answer: Tdap is required for all incoming 6th through 12th grades

11. Question: Is there a minimum interval between the **Td** and the **Tdap** vaccines?

Answer: For Colorado students, the Tdap vaccine requirement allows for a 2 year interval between Td and Tdap. CDC states there is no minimum interval between Td and Tdap.

12. Question: What is the difference between the 2 tetanus/diphtheria/pertussis containing vaccines, **DTaP** and **Tdap**?

Answer: DTaP is the vaccine licensed for children ages 6 weeks to 6 years of age and is administered in a series of 4 or 5 doses. Intervals include at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3, at least 6 months between dose 3 and dose 4 and at least 6 months between dose 4 and dose 5. If the 4th dose was administered on or after the 4th birthday, a 5th dose is not required. The final dose must be given no sooner than 4 years of age and no more than 6 doses of DTaP should ever be administered.

DTaP is not to be administered to children 7 years and older. Tdap is the vaccine that is licensed for children beginning at ages 10 or 11 years, however CDC has authorized Tdap to be administered to children between the ages of 7 through 9 years of age if they were under-immunized with DTaP vaccine. For those children who do not have 3 appropriately spaced tetanus/diphtheria containing vaccines (DT, DTaP, Td, Tdap) they will need to meet the following school immunization requirement. Three appropriately spaced tetanus/diphtheria containing vaccines includes a minimum interval of 4 weeks between dose 1 and 2 and a 6 month interval between dose 2 and 3.

Hepatitis B

13. Question: What is the requirement for **Hepatitis B** (Hep B) vaccine?

Answer: For those students who have had 3 doses of Hep B regardless of the minimum intervals prior to the 2009-10 school year, those doses will be accepted as valid through the remainder of their years in the Colorado School system. For students new to the Colorado school system and for students who have not completed the 3 dose series of Hepatitis B vaccine prior to the 2009-10 school year, those doses must follow minimum intervals as established by ACIP. The minimum intervals include: The second dose should be administered at least 4 weeks after the first dose, and the third dose should be administered at least 16 weeks after the first dose and at least 8 weeks after the second dose. The final dose is to be administered at 24 weeks of age (6 months of age) and is not to be administered prior to that age.

There is a 2 dose series available for students 11 to 15 years of age. A student provides written documentation from a licensed physician that the student has received two doses of Recombivax HB using the adult dose (1.0 ml containing 10 µg of hepatitis b surface antigen), with the second dose given 4 to 6 months after the first dose. The specific name of the vaccine, the exact dose of antigen per injection, and the dates of administration must be included as part of the documentation. In lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.

Certificate of Immunization

14. Question: When is the Certificate of Immunization to be signed?

Answer: The Certificate of Immunization is to be signed only when ALL required immunizations have been administered. The Certificate of Immunization won't be signed until the adolescent Tdap has been given.

For further questions regarding school immunization requirements contact
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