

**FREQUENTLY ASKED QUESTIONS
REGARDING
IMMUNIZATION REQUIREMENTS FOR THE 2009-2010 SCHOOL YEAR**

Tdap Requirement

Q: For our students that will be 11 years old next school year, a Tdap will be required as an 11-year-old booster according to the new vaccine requirements. Since most of these students will not have had a booster for Tdap, will it be required of most of our 11 year olds?

A: Yes that is correct. A booster dose of Tdap is required at 11 years of age if more than 2 years since the previous dose of DTaP/DT/Td. The back of the KCI has been updated to include this clarification.

Q: Since Tdap is now required for the 11 year olds, do we still refer those older students who would need a ten year Tdap?

A: Yes. In addition to all 11 year old students, a Tdap booster is required for students older than 11 years of age who completed of the DTaP/DT/Td primary series ten or more years earlier. Tdap should be used for all students for whom the pertussis component is not contraindicated. If pertussis is contraindicated, the KCI Form B Medical Exemption should be completed by a physician and attached to the KCI.

Q: If an older immigrant child received the 3 dose series of Td with a dose of Tdap at age 10, is a Tdap booster needed at age 11?

A: No. One dose of Tdap is required. This child would be considered complete for Td until the Td booster is needed in 10 years.

Q: Why isn't the new Tdap booster requirement defined by grade rather than age? For schools, enforcing an age specific requirement is much more difficult than looking at a grade level.

A: The age specific requirement is based on ACIP recommendations that are defined by age and not school grade levels. This is consistent with prior school entry requirement history when the second dose MMR requirement was applied to all 12 year olds. Immunization providers base the administration of vaccine on age rather than grade. The Immunization Program regrets the burden this places on schools enforcing the requirement and appreciates the extra effort involved.

Varicella Requirement

Q: Until the 2009-2010 school year, a parent could sign verifying history of varicella disease. Why is a physician signature now required?

A: K.A.R. 28-1-20 that took effect in June of 2008 now states "...history of the disease that has been documented by a licensed physician...."

http://www.kdheks.gov/immunize/download/KS_Imm_Regs_for_School_and_Childcare.pdf

This requirement is consistent with the 2007 Advisory Committee on Immunization Practices (ACIP) definition for evidence of immunity to varicella. "ACIP recommends that evidence of immunity should be either a diagnosis of varicella by a health-care provider or a health-care provider verification of a history of disease rather than parental or self-reporting."

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5604a1.htm>

Q: In order for a physician to document history of disease, is laboratory confirmation required?

A: No. The 2007 ACIP recommendations describing the alternatives for evidence of immunity is located at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5604a1.htm>

Q: Now that only a physician may sign for history of varicella disease, must all children currently enrolled with the parent signature have a new KCI with the physician signature?

A: No. Children currently enrolled will not be impacted by this change unless the Varicella vaccination requirement applies for the first time in the 2009-2010 school year (Kindergarten and Grades 7-9). Physician documentation would also be required for all new students enrolling in any grade who claim history of the disease instead of documentation of vaccination.

Q: Why are two doses of varicella vaccine necessary at this time? Didn't you require this once before and change your mind?

A: In response to increasing reports of varicella outbreaks among highly vaccinated populations, in 2007 the ACIP adopted new recommendations regarding the use of varicella vaccine. The new recommendations included 1) implementation of a routine 2-dose varicella vaccination program for children, with the first dose administered at age 12–15 months and the second dose at age 4–6 years; 2) a second dose catch-up varicella vaccination for children, adolescents, and adults who previously had received 1 dose; 3) routine vaccination of all healthy persons aged >13 years without evidence of immunity. In 2007, a two dose varicella requirement for the 2007-2008 school year was communicated by the KDHE Immunization Program. However, legal review of the immunization regulations at that time revealed the 2 dose requirement did not have sufficient legal backing. The 2008 change to K.A.R. 28-1-20 now allows KDHE to implement the 2-dose requirement as recommended by the ACIP.

Children Enrolled in a Preschool or Child Care Program Operated by a School

Q: K.A.R. 28-1-20 now states that Hepatitis A is required for a child in a child care facility, family day care home, preschool or child care program operated by a school. The new KCI lists Hepatitis A as recommended. Will you clarify?

A: The KCI has been updated to include the *preschool and child care program operated by a school* requirement. The KDHE Child Care Licensing and Registration Program will be sending out communication regarding the new child care immunization requirements in the near future. However, the CCLRP does not license child care programs operated by a school, so the school entry forms and communication have been updated to address requirements for children in those school facilities. The updated requirements also include Haemophilus influenzae type b (Hib) and pneumococcal disease.

Vaccine Supplies/Resources

Q: Will there be enough vaccine supply to meet the demands of the new requirements?

A: KDHE does not anticipate vaccine shortages associated with the school entry requirements. The two dose varicella requirement will only affect Kindergarten students for the 2009-2010 school year. Immunization rates for two doses are fairly high for this age group, so the number of doses should not be increased significantly for this age.

The increase in the number of grades (through grade 9) required to have the Hepatitis B series and one dose of Varicella will be three age cohorts, and vaccine supplies for that increase should be

adequate as well. Immunization rates for both Hep B and Varicella have increased significantly since the school entry requirement for these vaccines was implemented in 2004. As a result, expansion of the requirement faster than one grade each year is now possible since fewer doses are needed for compliance.

Having said that, unexpected problems arise in the production and distribution of vaccine that are completely out of KDHE control. We are currently dealing with a severe problem with Hib vaccine supplies and are anxious for the production issues to be resolved.

Q: There is currently a Hib vaccine shortage and the 4th dose of Hib is deferred for all children. Will children younger than 5 years of age attending a preschool or child care facility operated by a school be required to have the 4th dose of Hib?

A: No. The requirement for the 2009-2010 school year will be for 3 doses for those children.

Q: Who will pay for those families that could have several hundred dollars worth of vaccines needed and don't have insurance to cover them? If they have 2-3 children that need Hep B, Varicella and Tdap it will cost several hundred dollars.

A: Children who are uninsured can be vaccinated in their medical home if their provider is enrolled in the Vaccine For Children (VFC) program. http://www.kdheks.gov/immunize/vfc_program.html Otherwise, they may be immunized at their local health department. Children who are underinsured (have insurance that does not cover immunization) may be immunized in their medical home if their provider is a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) enrolled in the VFC program. Otherwise, they may be immunized at their local health department. There are resources to pay for the vaccine for uninsured and underinsured students.

Miscellaneous

Q: Is this set in stone or will we get a letter this summer negating the changes as we have in the past?

A: Your question is valid based on past experience. The current KDHE Immunization Program staff is committed to quality communication and reliable guidance. We have learned from previous experience and want to earn your respect. We are confident that the requirements for the 2009-2010 school year are covered by the revised K.A.R. 28-1-20 and State statutes pertaining to immunizations. We may provide clarification through this type of communication but will not change the basic content of the new requirements.

Please email additional questions to ehutton@kdheks.gov