



# **PUBLIC HEALTH**

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## **Rule Proposal to Chapter 246-105 WAC Immunization of Child Care and School Children**

Washington State Board of Health  
November 13, 2013

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## Summary of Proposed Rule

- Aligns immunization exemption policy with 2011 state legislative changes to RCW 28A.210.090.
- Updates the rule's reference to the Advisory Committee on Immunization Practices' (ACIP) national guidelines from the 2012 version to the 2013 version.
  - Technical change creating no new immunization requirements.
- Other housekeeping.

## Immunization Exemption Updates and Clarifications

- “Health care practitioner” defined:
  - Physicians, physician assistants, osteopaths, naturopaths and ARNPs licensed under Title 18 RCW.
- For medical, religious and personal exemptions, the health care practitioner must certify the parent has received information on the benefits and risks of immunization by:
  - Signing a statement on the exemption form, or
  - Submitting a letter which must reference the child’s name and be signed by the health care practitioner.

## Immunization Exemption Updates and Clarifications

- “Religious membership exemption” defined:
  - A unique type of religious exemption in which the parent demonstrates membership in a religious body whose beliefs preclude medical treatment from a health care practitioner.
- Parents demonstrate membership by:
  - Signing a statement on the exemption form, and
  - Listing the name of the religious body.
- Health care practitioner’s signature not required.

## Other Housekeeping

- Clarifying definition of “child care center.”
- Clarifying health care “practitioner” vs. “provider.”
- Reorganizing the list of diseases for which a child must be protected against alphabetically and according to their common name.

## General Timeline

December 4, 2013	File CR-102 paperwork with the Office of the Code Reviser (includes draft rule language)
December 2013	Public comment period
January 8, 2014	Board of Health public hearing
March 31, 2014	Rule effective

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Questions?

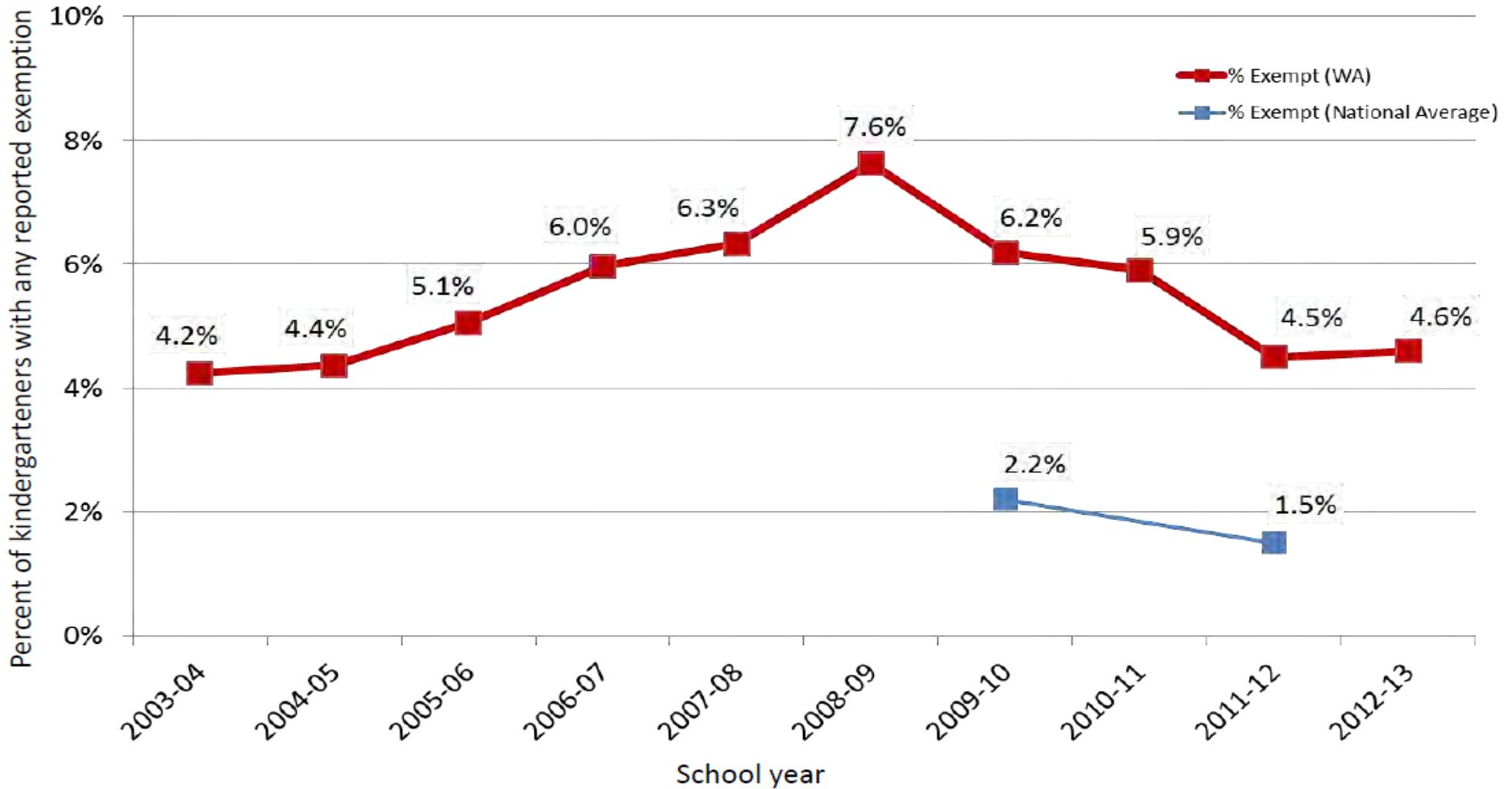
# Vaccine Requirements and Guidelines

**Recommended immunization schedule for persons aged 0 through 18 years – 2013.\***

Vaccines	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13–15 yrs	16–18 yrs
Hepatitis B <sup>1</sup> (HepB)	1 <sup>st</sup> dose →	← 2 <sup>nd</sup> dose →			← 3 <sup>rd</sup> dose →											
Rotavirus <sup>2</sup> (RV) RV-1 (2-dose series); RV-5 (3-dose series)			← 1 <sup>st</sup> dose →	← 2 <sup>nd</sup> dose →	See footnote 2											
Diphtheria, tetanus, & acellular pertussis <sup>3</sup> (DTaP: <7 yrs)			← 1 <sup>st</sup> dose →	← 2 <sup>nd</sup> dose →	← 3 <sup>rd</sup> dose →			← 4 <sup>th</sup> dose →				← 5 <sup>th</sup> dose →				
Tetanus, diphtheria, & acellular pertussis <sup>4</sup> (Tdap: ≥7 yrs)														(Tdap)		
Haemophilus influenzae type b <sup>5</sup> (Hib)			← 1 <sup>st</sup> dose →	← 2 <sup>nd</sup> dose →	See footnote 5		← 3 <sup>rd</sup> or 4 <sup>th</sup> dose, see footnote 5 →									
Pneumococcal conjugate <sup>6a,c</sup> (PCV13)			← 1 <sup>st</sup> dose →	← 2 <sup>nd</sup> dose →	← 3 <sup>rd</sup> dose →		← 4 <sup>th</sup> dose →									
Pneumococcal polysaccharide <sup>6b,c</sup> (PPSV23)																
Inactivated Poliovirus <sup>7</sup> (IPV) (≥18 mos)			← 1 <sup>st</sup> dose →	← 2 <sup>nd</sup> dose →	← 3 <sup>rd</sup> dose →							← 4 <sup>th</sup> dose →				
Influenza <sup>9</sup> (IIV; LAIV) 2 doses for some : see footnote 8					Annual vaccination (IIV only)						Annual vaccination (IIV or LAIV)					
Measles, mumps, rubella <sup>9</sup> (MMR)							← 1 <sup>st</sup> dose →					← 2 <sup>nd</sup> dose →				
Varicella <sup>10</sup> (VAR)							← 1 <sup>st</sup> dose →					← 2 <sup>nd</sup> dose →				
Hepatitis A <sup>11</sup> (HepA)							← 2-dose series, see footnote 11 →									
Human papillomavirus <sup>12</sup> (HPV2: females only; HPV4: males and females)														(3-dose series)		
Meningococcal <sup>13</sup> (Hib-MenCY ≥ 6 weeks; MCV4-D ≥ 9 mos; MCV4-CRM ≥ 2 yrs.)			see footnote 13											← 1 <sup>st</sup> dose →		booster

\*2012 ACIP Immunization Schedule. Board-required vaccines for school and child care are circled in red.

## Kindergarten Annual Average Exemption Rate School Years 2003-04 to 2012-13



The Washington exemption rate is the average of the individual schools that reported the number of students who have at least one exemption to school-entry requirement for their age and grade as of 12/31/2012. WA State Department of Health, Office of Immunization and Child Profile.



DOH 348-324 May 2013

# Certificate of Exemption

For School, Child Care and Preschool Immunization Requirements<sup>1</sup>



**DIRECTIONS:** All exemptions must have a licensed health care provider sign & date Box 1 ('Provider Statement').<sup>2</sup> Exception: Box 1 is not required for religious exemptions when Box 2 ('Demonstration of Religious Membership') is completed. All exemptions must also have a parent/guardian sign & date Box 3 ('Parent/Guardian Statement').

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_ Sex: \_\_\_\_\_ Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian, please choose the exemption(s) that apply to your child below.

<input type="checkbox"/> <b>Temporary Medical Exemption</b> <input type="checkbox"/> <b>Permanent Medical Exemption</b>  Vaccine(s) _____ Until _____ Date (or Permanent)  Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP) _____ X _____ X _____ Signature of Licensed Health Care Provider Date	<input type="checkbox"/> <b>Personal/Philosophical Exemption (see Box 1)</b> <input type="checkbox"/> <b>Religious Exemption (see Box 1)</b> <input type="checkbox"/> <b>Religious Membership Exemption (see Box 2)</b> I do not want my child to get the following vaccine(s): <input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Pertussis (whooping cough) <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella (chickenpox) <input type="checkbox"/> Other (indicate): _____
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Box 1	
<p><b>Provider Statement<sup>2</sup>:</b> "I, _____, am a qualified provider (MD, DO, ND, PA, ARNP) licensed under Title 18 RCW. I confirm that the parent or guardian signing in Box 3 (Parent/Guardian Statement) has received information on the benefits and risks of immunization to their child as a condition for exempting their child for medical, religious, personal, or philosophical reasons."</p> X _____ Signature of Licensed Health Care Provider (MD, DO, ND, PA, ARNP) X _____ Date	

Box 2	
<p><b>Parent/Guardian Demonstration of Religious Membership:</b> "I am a member of a church or religious body whose beliefs or teachings do not allow for medical treatment from a health care practitioner. By supplying the information requested below, no further proof or signed provider statement in Box 1 is required for this religious exemption."</p> X _____ Name of Church or Religious Body X _____ X _____ Signature of Parent or Guardian Date	

Box 3	
<p><b>Parent/Guardian Statement:</b> "I certify that all the information provided on this certificate is correct and verifiable. I understand that if there is an outbreak of a vaccine-preventable disease my child has not been fully immunized against (as indicated above, for medical, personal/philosophical or religious reasons), my child may be at risk for disease and can be excluded from school, child care, or preschool until the outbreak is over."</p> X _____ X _____ Signature of Parent or Guardian Date	

If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

<sup>1</sup> RCW 28A.210.080-090 states that before or on the first day of every child's attendance at any public and private school or licensed child care center in Washington State, the parent or guardian must present proof of either: (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the State Board of Health, or (3) a certificate of exemption, signed by a parent or guardian and a licensed health care provider.

<sup>2</sup> A letter may substitute for a signed 'Provider Statement' on this certificate. To be accepted, the letter must reference the child's name on this certificate, confirm that the child's parent or guardian got information on the risks and benefits of immunization to their child, and be signed by a licensed health care provider.