

Population Assessment Manual



**DSHS Immunization Branch
Assessment, Compliance, &
Evaluation (ACE) Group**

Revised October 2014

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Overview

POPULATION-BASED ASSESSMENTS

Texas Department of State Health Services, Immunization Branch Assessment, Compliance, and Evaluation (ACE) Group

Overview

The Centers for Disease Control and Prevention (CDC) Immunization Program Operations Manual (IPOM) lists population assessment as a vital component to a successful immunization program. Activities such as assessments to validate coverage reports received from schools, sample surveys to estimate immunization, and exemption rates among child-care facility attendees help immunization programs evaluate progress toward immunization goals. The National Immunization Survey (NIS) provides immunization coverage data on children 19-35 months of age. Assessment of children entering school and child-care provide additional population data points. Achieving and maintaining 90% coverage of all Advisory Committee on Immunization Practices (ACIP) recommended pediatric vaccines by a child's second birthday remains a high priority.

A performance summary is routinely reported to the CDC.

To comply with the Family Educational Rights and Privacy Act (FERPA), all data collected must be **de-identified**. Department of State Health Services (DSHS) and Local Health Department (LHD) personnel shall not record information such as name, social security number, address, or telephone number. These personal identifiers should not be entered into Comprehensive Clinical Assessment Software Application (**CoCASA**). However, for quality assurance purposes, the date of birth is requested.

The following summarizes immunization coverage assessments or surveys conducted in Texas:

1. Texas Child-Care Immunization Assessment

A child-care immunization assessment will be conducted every three years in Licensed Child-Care Centers (LCCC) and Registered Child-Care Homes (RCCH). Health Service Regions (HSRs) and LHDs review child-care immunization records of a small sample of children from a select set of LCCCs, or all records in a RCCH, to ascertain compliance with Texas child-care vaccination law and to estimate the child-care immunization rate.

2. Child-Care Audit

An annual child-care audit will be conducted, in which HSRs and LHDs review immunization records of 100% of children enrolled in a select set of LCCC/RCCH (25% of the facilities in the HSR).

3. Annual Report of Immunization Status

An annual assessment of children in schools will be conducted, in which all schools review immunization records of all children who have entered kindergarten and 7th grade to ascertain compliance with Texas school vaccination law. This will be used to estimate the school immunization rate. Schools submit summary results to the DSHS Assessment, Compliance, and Evaluation (ACE) Group in Austin via the web based Child Health Reporting System (CHRS).

4. School Audit

An annual school audit will be conducted in which HSRs and LHDs review a certain number of immunization records of children enrolled in a select set of schools.

5. Texas School Immunization Validation Survey

An annual school validation survey will be conducted in which HSRs and LHDs review school immunization records of a small sample of children from a select set of schools as a second estimate of the overall school immunization rate.

6. Texas County Retrospective Immunization School Survey (TCRISS)

A retrospective county-level analysis will be assigned by the DSHS ACE Group office. HSRs and LHDs will analyze immunization records of a small sample of children entering kindergarten from a select set of schools from the HSRs' and LHDs' counties. They will then determine each child's immunization status at age two, a past point in time approximately three years ago. Focusing on the immunization status of children at age two, when the initial series of vaccinations should be complete, provides the necessary vaccination history to assess state coverage levels of children entering kindergarten. The retrospective data is used to estimate the county immunization rate as of three years past. The county-level data is aggregated to estimate the state rate which is then compared to the NIS results.

More detailed information for each type of assessment or audit is available in this manual.

Section 1

Texas Child-Care Immunization Assessment

Overview of Texas CHILD-CARE Immunization ASSESSMENT

Timeline

- Conducted Survey assignments are distributed in September
- The **CoCASA** transfer files are due to the DSHS ACE Group in Austin by March 31

Purpose of Survey

The Texas Child-Care Immunization Assessment is a survey of licensed LCCCs/RCCHs that will assess vaccination coverage levels of children attending school in Texas during the year. This will help determine the percentage in compliance with LCCC/RCCH requirements.

Method of Survey

LHD personnel and DSHS HSR office personnel conduct the survey. The DSHS ACE Group in Austin prepares a sampling list of LCCCs/RCCHs, every three years, to be assessed by HSRs and LHDs. The lists are e-mailed and/or mailed to HSRs. Those conducting the survey will contact the selected LCCC/RCCH in advance, by phone or in writing, concerning their selection for the assessment. It is the responsibility of the program or agency conducting the survey to work with the facility director to obtain immunization records.

All students enrolled in LCCCs and RCCHs are candidates for assessment. Immunization records of children aged 19-59 months are randomly selected from each LCCC. Because RCCH usually have a total enrollment of fewer than 20 (sample size), **all** immunization records of children aged 19-59 months are included in the survey and entered into **CoCASA**.

All data must be de-identified and only aggregate statewide and regional results will be released. Using the CoCASA assessment software, immunization dates are entered for each child selected for the assessment. Analysis of the data collected will be conducted by the DSHS ACE Group in Austin.

Roles & Responsibilities

Austin

- Establish timeline
- Conduct sampling
- Create/maintain manual
- Provide technical assistance to HSR
- Submit child-care facility listing to HSR
- Analyze and report data

HSR

- Ensure receipt of child-care facility listing from Austin
 - Assign facilities to LHD staff
 - Train staff on conducting assessments
 - Contact child-care facilities selected for assessments
 - Conduct assessment
-
- Follow DSHS assessment procedures
 - Provide technical assistance to LHD

- Complete assessments by deadline established by Austin office
- LHD**
- Contact child-care facilities selected for assessments
 - Conduct assessment
 - Complete assessments by deadline established by HSR
 - Follow DSHS assessment procedures

Questions regarding the survey may be directed to:

Kenzi Guerrero, M.P.H., Epidemiologist
Phone: (512) 776-3949
Email: Kenzi.Guerrero@dshs.state.tx.us

Erin Gardner, M.P.H., Epidemiologist
Phone: (512) 776-2985
Email: Erin.Gardner2@dshs.state.tx.us

Lucille L. Palenapa, M.S., Epidemiologist
Phone: (512) 776-6435
Email: Lucille.Palenapa@dshs.state.tx.us

1.2 TEXAS CHILD-CARE IMMUNIZATION ASSESSMENT PROCEDURE

PREPARING FOR THE ASSESSMENT: CONTACTING LCCC/RCCH ADMINISTRATORS

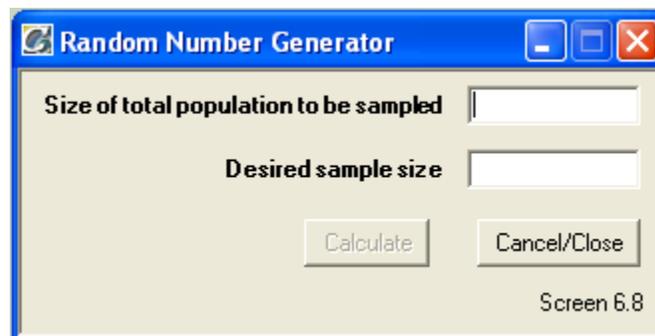
1. Contact the directors of the LCCCs/RCCHs to be sampled concerning their participation in the assessment. Plan how the assessment will be conducted. If the assessment will be done on-site, arrange the date and time for the visit. **Inform the LCCC/RCCH director that the enrollment total for all children in the target age level (19-59 months) at the facility is needed. The enrollment totals should include only children currently enrolled at these facilities.** The total number should not include children that have moved and no longer attend the school. Inquire about how immunization records are stored (paper, electronic, or both).
2. Contact the Child-Care Licensing Representative (CCL Rep) in the area so they are aware of which facilities were selected for the assessment and can assist if needed. The names of the CCL Reps are provided in Section 7 of this manual.
3. If the assessment will be conducted on-site, fill out as many sections of the sampling worksheet as possible prior to visiting the LCCC/RCCH or coordinate data collection through the mail. Collect the name of the facility, the facility id number, address, and the name and contact information of the HSR/LHD personnel who will conduct the survey. If available at this time, record the enrollment total for the target age on the sampling worksheet.
4. If the assessment is conducted on-site, spend a few minutes after arriving at the facility to explain the purpose of the assessment with the director.

INSTRUCTIONS FOR SAMPLING RECORDS

1. Use **CoCASA's Random Number Generator** to generate a list of random numbers to ensure you have a random sample. Use the number of enrolled children aged 19-59 months at the facility as the size of total population to be sampled. The child-care facility will provide a numbered roster of enrolled children. Once generated, the numbers on the list of random numbers will correspond to a child on the numbered roster. It is important to use a current enrollment total when generating the list of random numbers to prevent a number from being generated that corresponds to a non-enrolled child's record. If necessary, contact the facility to get a current enrollment total for the age range of 19-59 months. The sample size is 20. **If there are fewer than 20 children, then all children are selected for the sample.**

To use the **Random Number Generator** in **CoCASA** to select the student records to be reviewed, follow these steps:

- Double-click on the **CoCASA for Windows** icon.
- Choose the **Assessment Tools** menu.
- Click once on the **Random Number Generator**.
- Type in the total number of children in the selected age range (determined in step #1) in the space next to **Size of total population to be sampled**.
- Type in 20 in the space next to **Desired Sample Size**.



- Click on the **Calculate** button (it will be active once the sample information is entered). Write down these numbers on the sampling worksheet if a printer is not accessible or click on **Print** to print out the 20 numbers produced by the random number generator. *NOTE: The only time fewer than 20 children are selected is when the total enrollment is fewer than 20.* Closing the print window should automatically close the random number generator. If not, use the **Cancel/Close** button on the random number generator to exit. Attach the random number list to the sampling worksheet. Working from a numbered roster provided by the child-care facility with the dates of birth, write down the 20 numbers and their corresponding dates of birth that match the numbers generated from the random number generator.
2. Provide the director with the completed sampling worksheet so they can pull the records of children corresponding to the numbers on their roster. Alternatively, the reviewer may highlight the records on a copy of the roster provided. However, the sampling sheet should still be completed.

INSTRUCTIONS FOR OBTAINING IMMUNIZATION HISTORIES AND ENTERING RECORDS

1. If the assessment is done on-site, the director will need to pull the records. If the assessment is coordinated through the mail, the director will obtain the immunization records of the children selected and mail them to the reviewer. The records may either be electronic or paper. If an electronic file is provided, it should be sent on a CD and in a format that can be easily opened (text file, DBF, or Excel). The following information is needed:
 - Child's date of birth
 - Dates of DTP/DTaP/DT doses
 - Dates of Hib doses
 - Dates of polio doses
 - Dates of hepatitis B doses
 - Dates of hepatitis A doses
 - Dates of MMR doses (or their individual components)
 - Dates of pneumococcal vaccine
 - Date of Varicella dose
 - History of Varicella disease
 - Any exemptions (medical or conscientious)
2. Referring to the sampling worksheet or roster, double check to make sure the correct records were pulled based on the date of birth. Contact the director if any discrepancies are noticed.

Refer to **Appendix 1: CoCASA Instructions** for instructions on entering records in **CoCASA**.

SAVING ASSESSMENT DATA FILES FOR SUBMISSION TO THE HSRs OR DSHS ACE GROUP IN AUSTIN

After all of the vaccination histories have been entered and the assessment is completed, save the data files prior to sending them. If sending from a LHD, save the data to a CD(s) and submit the CD(s) to the HSR office. If sending from an HSR office, consolidate all of the data from each LHD to one HSR CD and submit to DSHS ACE Group in Austin.

Refer to **Appendix 1: CoCASA Instructions** for instructions on exporting and backing up **CoCASA** data.

The procedure shown below should be used after **ALL** assigned facility reviews are completed.

1. Consolidate CDs containing your saved files.
2. Make copies of each CD. Retain one copy and mail the other set of CD(s) to:

**Department of State Health Services
Assessment, Compliance, and Evaluation Group
Attn: Epidemiologist
Mail Code 1946
P.O. Box 149347
Austin, Texas 78714-9347**

3. Include copies of all sampling worksheets with the CD(s). It is not necessary to send copies of the child immunization records.

NOTE:

Mail or attach the files to an e-mail and send to the designated contact. If sending from a LHD, the designated contact is the HSR office. If sending from an HSR office, the designated contact is the DSHS ACE Group in Austin.

E-mail: Imm.Epi@dshs.state.tx.us

1.3 CHILD-CARE FACILITY IMMUNIZATION STATUS REPORT SUPPLEMENTAL WORKSHEET

Please complete the information below for each facility visited and return the completed copy with your CD or e-mail by the established due date.

Section 1: Please complete the following information:

Center Name: _____ Facility ID#: _____

Mailing Address: _____

City: _____ Texas County: _____ Zip: _____

Check all that apply:

- New center
- Name change (old Name)
- Closed/no longer in business
- Inactive/temporary closure
- Drop in center
- Zero Enrollment for ages **19-59 months**

Section 2: Enrollment Figures

Please complete the following information for all children enrolled at the facility listed above.

(A) Total Facility Enrollment <small>(ALL ages)</small>	(B) Total Enrollment of 19-59 month old children only	(C) Total number of children w/out an immunization record <small>(ALL ages)</small>	(D) Total number of conscientious/religious exemptions filed at center <small>(ALL ages)</small>	(E) Total number of medical exemptions filed at center <small>(ALL ages)</small>

Section 3: Regional/Local Health Department Information

Please check all that apply:

- Child-Care
- Preschool
- Federal Headstart
- School age only (K-12)

Date of Visit: _____ Completed By: _____
(Print or type)

Section 2

Child-Care Audit

2.1 OVERVIEW CHILD-CARE AUDIT

Timeline

- September to June annually
- Survey assignments are mailed out in September
- HSR data entry into Child Health Reporting System (CHRS) due by June 30, 2015

Purpose of Survey

Audits of children in selected LCCCs and RCCHs are conducted to measure facilities' compliance with state immunization requirements.

Method of Survey

The child-care audit is conducted every year by HSR and LHD staff. The HSR/LHD will conduct a detailed audit of 15% of the facilities in the regional/local area, as assigned by the DSHS ACE Group in Austin. One hundred percent of the immunization records in the selected facilities will be assessed. The data will be recorded onto the "***Detail Report of Immunization Status, Child-Care Facilities***" form. A copy of the most recent form is found in Section 2.6. The HSR will enter data on the web-based system CHRS at www.artximmunize.com. Your user ID and password will be the same as previous years. New users should contact Wes Hodgson, Immunization Branch, Wesley.hodgson@dshs.state.tx.us in Austin for user ID and password.

Concepts regarding age-appropriate vaccination, up-to-date vaccination, vaccine compliance, and vaccination coverage are provided in Section 2.3 of this manual.

The Texas Department of Family and Protective Services (DFPS) and DSHS have developed a protocol to coordinate inspections and monitoring of LCCCs and RCCHs to eliminate duplicate inspections of immunization records. This protocol is required by House Bill 1555 of the 75th legislature.

This agreement requires DSHS auditors to notify the appropriate DFPS regional office, in writing, of audit results within two weeks of the completion of the audit visit. If a facility is reported to be in compliance with the minimum state vaccine requirements for Texas children, DFPS will not review that facility at the next scheduled inspection. If a facility is not in compliance after the follow-up visit conducted by DSHS, DFPS will take action to assure that non-compliance is corrected.

Please use the list of DFPS regional offices in Section 7 of this manual to make the required notifications. DSHS ACE Group in Austin will forward updates to this list as received from DFPS. It is not necessary to address the letter to the facility's specific licensing representative; DFPS will distribute them to the appropriate person.

Roles & Responsibilities

Austin

- Establish timeline
- Create/maintain manual
- Provide technical assistance to HSRs
- Import licensed facilities list file annually from DFPS
- Create standardized reports for HSRs
- Assist HSR in analyzing data

HSR

- Assign facilities to LHD staff
- Provide technical assistance to the LHD
- Develop a remedial plan for LCCC/RCCH that are found to be <95% compliant
- Routinely meet with DFPS licensing staff to go over immunization requirements
- Contact child-care facilities selected for audit
- Conduct audits
- Follow DSHS audit procedures
- Analyze data
- Notify DFPS of audit results

LHD

- Develop a remedial plan for LCCC/RCCH that are found to be <95% compliant
- Routinely meet with DFPS licensing staff to go over immunization requirements
- Contact child-care facilities selected for audit
- Conduct audits
- Notify DFPS of audit results

2.2 AUDIT PROCEDURE

PREPARING FOR THE SURVEY: CONTACTING LCCC/RCCH ADMINISTRATORS

1. Contact the directors of the LCCCs/RCCHs to be sampled concerning their participation in the audit. Plan how the audit will be conducted. If the audit will be done on-site, arrange the date and time for the visit. **Inform the LCCC/RCCH director that the enrollment total for all children in the target age level at the facility is needed. The enrollment totals should include only children currently enrolled at these facilities.** The total number should not include children that have moved and no longer attend the school. Inquire about how immunization records are stored (paper, electronic, or both).
2. Contact the Child-Care Licensing Representative (CCL Rep) in the area so they are aware of which facilities were selected for the audit and can assist them if needed. The names of the CCL Reps are provided in Section 7 of this manual.
3. If the audit will be conducted on-site, spend a few minutes after arriving at the facility to explain the purpose of the survey with the director. Fill out as many sections of the *Detailed Report of Immunization Status* form as possible prior to visiting the LCCC/RCCH or coordinate data collection through the mail.

INSTRUCTIONS FOR CONDUCTING THE AUDIT

1. Review one hundred percent of the immunization records in the selected facilities. The data shall be recorded onto the "**Detail Report of Immunization Status, Child-Care Facilities**" form which is found in Section 2.6 of this document.
2. Provide a list of non-compliant children to the director.
3. The HSR/LHD will do a follow-up visit. If a child is still non-compliant, a referral shall be made to the DFPS Child-Care Licensing division.
4. The HSR will enter data in CHRS.
5. All data obtained using this methodology shall be kept at the HSR.

2.3 CONCEPTS: RECOMMENDATION AND REQUIREMENTS

AGE-APPROPRIATE:

A child is age-appropriately vaccinated if, from birth, he or she has received all recommended vaccines at the age at which they are recommended.

UP-TO-DATE:

A child's vaccinations are up-to-date if he or she has received all the vaccines recommended for his or her age.

All children who are age-appropriately vaccinated are up-to-date, but not all children who are up-to-date are age appropriately vaccinated.

INDIVIDUAL CHILDREN: COMPLIANT OR COVERED

IMMUNIZATION COMPLIANCE:

A child is in compliance with immunization requirements if he or she has received all the vaccinations required for his or her age or has documentation or allowable exclusion from vaccination.

VACCINATION COVERAGE:

A child is "covered" according to immunization requirements if he or she has received all the vaccinations required for his or her age.

All children who are "covered" are also in compliance, BUT not all children who are in compliance are "covered". Therefore, any child who is either "not compliant" OR "not covered" is susceptible to disease.

2.4 EXCLUSIONS FROM COMPLIANCE

Below is the pertinent section of the Texas Administrative Code (TAC) regulating exemptions from immunization requirements.

Title 25 Health Services

Texas Administrative Code Rule § 97.62 Exclusions from Compliance

Exclusions from compliance are allowable on an individual basis for medical contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States. Children and students in these categories must submit evidence for exclusion from compliance as specified in the Health and Safety Code, § 161.004(d), Health and Safety Code, § 161.0041, Education Code, Chapter 38, Education Code, Chapter 51, and the Human Resources Code, Chapter 42.

- (1) To claim an exclusion for medical reasons, the child or student must present a statement signed by the child's physician (M.D. or D.O.), duly registered and licensed to practice medicine in the United States who has examined the child, in which it is stated that, in the physician's opinion, the vaccine required is medically contraindicated or poses a significant risk to the health and well-being of the child or any member of the child's household. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.
- (2) To claim an exclusion for reasons of conscience, including a religious belief, a signed affidavit must be presented by the child's parent or guardian, stating that the child's parent or guardian declines vaccinations for reasons of conscience, including because of the person's religious beliefs. The affidavit will be valid for a two-year period. The child, who has not received the required immunizations for reasons of conscience, including religious beliefs, may be excluded from school in times of emergency or epidemic declared by the commissioner of public health.
 - (A) A person claiming exclusion for reasons of conscience, including a religious belief, from a required immunization may only obtain the affidavit form by submitting a written request to the department. The request must include the following:
 - (i) full name of child;
 - (ii) child's date of birth (month/day/year);
 - (B) Requests for affidavit forms must be submitted to the department through one of the following methods:
 - (i) written request through the United States Postal Service (or other commercial carrier) to the department at: DSHS Immunization Branch, Mail code 1946, P.O. Box 149347, Austin, Texas 78714-9347;
 - (ii) by facsimile at (512) 776-7544;
 - (iii) by hand-delivery at the department's physical address at: DSHS Immunization Branch, 1100 West 49th Street, Austin, Texas 78756; or
 - (iv) via the department's Immunization program Internet website (go to www.ImmunizeTexas.com).
 - (C) Upon request, one affidavit form for each child will be mailed unless otherwise specified (shall not exceed a maximum of five forms per child). The department shall not maintain a record of the names of individuals who request an affidavit and shall return the original request with the forms requested.

(3) To claim an exclusion for armed forces, persons who can prove that they are serving on active duty with the armed forces of the United States are exempted from the requirements in these sections.

2.5 POLICY FOR HANDLING IMMUNIZATION EXEMPTION AFFIDAVIT FORMS DURING POPULATION ASSESSMENT

Policy Statement

DSHS is prohibited from maintaining any record of the names of individuals requesting an exemption affidavit form. All DSHS employees must adhere to this policy to maintain the confidentiality of individuals requesting exemption affidavit forms. All paper request forms are returned to the person listed at the address provided on the request form when official exemption forms are sent out.

Requirements for Handling Exemption Affidavit Forms during Population Assessment

In some cases, HSRs and/or LHDs may not be able to conduct an audit or assessment at the LCCC/RCCH. If this situation occurs, the LCCC/RCCH may make copies of the official exemption affidavit forms and mail the copies to the HSR or LHD.

HSRs and LHDs are prohibited from scanning and e-mailing scanned copies of exemption affidavit forms.

The HSR or LHD must destroy all copies of exemption affidavit forms once the audit/assessment is complete.

TOTAL # CHILDREN AUDITED IN THIS FACILITY: _____

Total # of Conscientious Exemptions: _____

Vaccine Age Group and Types	# Doses Required	Date of Initial Visit:				Date of Follow-up Visit:			
		# Enrolled in Age Group	# With Required Doses	EXCLUSIONS		# Enrolled in Age Group	# With Required Doses	EXCLUSIONS	
				Medical	Conscientious			Medical	Conscientious
By 3 months (3-4 months)									
Hepatitis B	1								
DTP/DTaP/DT	1								
Hib ¹	1								
Pneumococcal (PCV)	1								
Polio	1								
By 5 months (5-6 months)									
DTP/DTaP/DT	2								
Pneumococcal (PCV)	2								
By 5 months (5-15 months)									
Hib ¹	1, 2, or 3 doses (See Footnote # 1)								
By 5 months (5-18 months)									
Hepatitis B	2								
Polio	2								
By 7 months (7-15 months)									
Pneumococcal (PCV) ²	2 or 3 doses (See Footnote # 2)								
By 7 months (7-18 months)									
DTP/DTaP/DT	3								
By 16 months (16-59 months)									
Hib ¹	1, 2, 3, or 4 doses (See Footnote # 1)								
Pneumococcal (PCV) ²	1, 2, 3, or 4 doses (See Footnote # 2)								
By 16 months (>16 months)									
MMR	1								
Varicella	1								
By 19 months (>19 months)									
Hepatitis B	3								
DTP/DTaP/DT	4								
Polio	3								

Vaccine Age Group and Types	# Doses Required	# Enrolled in Age Group	# With Required Doses	EXCLUSIONS		# Enrolled in Age Group	# With Required Doses	EXCLUSIONS	
				Medical	Conscientious			Medical	Conscientious
By 25 months (25-42 months)									
Hepatitis A	1								
By 43 months (>43 months)									
Hepatitis A	2								

SUBMITTED BY: _____ DATE: _____ PHONE: _____

1. A complete Hib series is two doses plus a booster dose on or after 12 months of age (three doses total). If a child receives the first dose of Hib vaccine at 12-14 months of age, only one additional dose is required (two doses total). Any child who has received a single dose of Hib vaccine on or after 15 months of age is in compliance with these specified vaccine requirements.
2. If the PCV series is started when a child is seven months of age or older, then all four doses are not required.

Age (in months)	Number of Doses Required for Pneumococcal Vaccine (PCV)
7-11	3 doses OR 2 doses if a child received the first dose between 7-11 months of age 2 doses
12-23	For children who have received 3 doses prior to 12 months of age: 4 doses are required with one dose on or after 12 months of age. For children who have received 1 or 2 doses prior to 12 months of age: 3 doses are required with one dose on or after 12 months of age. For unvaccinated children 12-23 months of age: 2 doses are required.
24-59	For unvaccinated children or those who have not received at least 2 doses with one dose on or after 12 months of age, 1 additional dose* is required. For children who have received at least 2 doses with one of these doses on or after 12 months of age, 1 additional dose is required. For children who have received their first dose at 24-59 months of age, 0 additional doses are required.

Calculation of immunization and compliance levels for initial and follow-up visits??

CATEGORY	Hepatitis B		DTP/DTaP/DT		Hib		PCV		Polio		MMR		Varicella		Hepatitis A	
	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2
#1 = INITIAL VISIT #2 = FOLLOW-UP VISIT																
A. # ENROLLED																
B. # W/REQUIRED DOSES																
C. # W/EXCLUSIONS																
D. IMMUNIZATION LEVEL (B/A) / * 100																
E. COMPLIANCE LEVEL [(B+C)/A] * 100																

Section 3

Annual Report of Immunization Status

3.1 OVERVIEW OF ANNUAL REPORT OF IMMUNIZATION STATUS

Timeline

- September to December annually
- The common assessment date for the survey is the last Friday in October
- School nurses will complete data entry into CHRS by the second Friday in December

Purpose of Survey

Texas reviews immunization records of children entering schools each year to monitor compliance with the Texas minimum state vaccine requirements for students. The Annual Report of Immunization Status is sent to each Independent School District (ISD) and accredited non-public school in Texas by the DSHS ACE Group in Austin. The data is self-reported by each ISD and non-public school. Results of the data are submitted to the CDC each April.

A copy of the current Texas Minimum State Vaccine Requirements for Students Grades K-12 is provided in the Resource Section.

Method of Survey

An annual survey of immunization status is mailed to ISDs and non-public schools throughout Texas to collect the immunization status of children and the number of conscientious exemption affidavit forms filed at the ISD and non-public school level. Data for the number of conscientious and medical exemptions for each vaccine antigen are also collected.

In 2010, the new web-based system allowed ISDs and non-public schools to submit their annual report data online. Online processing is the method to submit annual report data.

Roles & Responsibilities

Austin

- Establish timeline
- Conduct mail-out of annual report to Texas ISDs and non-public schools
- Provide technical assistance to HSR staff and school nurses
- Analyze data
- Report data

HSR

- Assist Austin staff in contacting ISDs for survey submission to Austin
- Provide technical assistance to school nurses and LHD staff

LHD

- Provide technical assistance to school nurses
- May assist HSR in contacting ISDs for survey submission to Austin

3.2 INSTRUCTIONS FOR THE 2014-2015 ANNUAL REPORT OF IMMUNIZATION STATUS

Enclosed is the 2014-2015 Annual Report of Immunization Status for schools. This information is collected under the authority of Texas Education Code §38.002 and 25 TAC §97.71. It is used to measure compliance and determine the need for further immunizations. As required by state law, **all schools must complete this report.**

IMPORTANT: If you have received more than one Annual Report form for the same school, you must contact us immediately at (512) 776-6319 for detailed instructions. However, if one or more of the following scenarios listed below applies to your facility, please put a check next to it; you **do not** need to fill out the report. Write the word "Void" across the front page of the report and call the Immunization Branch for further instructions at 512-776-6319.

- Closed or No Longer in Business
- Inactive/Temporary Closure
- Juvenile Justice Alternative Education Program (JJAEP)
- No Immunization Records Kept on Site/Students Accounted for on Home School Survey
- No Students Currently Enrolled
- Psychiatric Facility
- Alternative Adult Education

ONLINE DATA ENTRY

The Annual Report of Immunization Status should be submitted online for each individual non-public school or school district.

- 1) Go to the website located at www.artximmunize.com.
- 2) There are two tutorials at the top right-hand corner of this web page to help you. They are in PowerPoint. Refer to the '**User Account**' tutorial for instructions on creating a new user account and the '**Imm Data Entry**' tutorial for immunization data entry instructions.

Open each tutorial and either print out the slides or save the files to your computer. (Note, there is a third tutorial titled 'VHSS Data Entry.' You will NOT need this tutorial for the purposes of this report.

- 3) Log in to the website. Username and Password should be the same as last year. Refer to the '**User Account**' tutorial as needed for instructions. New users will need the Facility ID and 'FIN' number located at the top of the Annual Report form (your Annual Report form was included in the mailing).
- 4) After you are logged in, refer to the '**Imm Data Entry**' tutorial that you printed or saved to your computer. This tutorial contains instructions for entering your Annual Report data online. You should also refer to the instructions on pages 2-4 of this document to supplement the online data entry instructions. The data entry online report form is in the same order as it appears on your paper Annual Report form.

Note: If you have problems logging into the website, send an email to chrs.loginhelp@dshs.state.tx.us. If you

have questions with data entry, send an email to immstat.dataentry@dshs.state.tx.us.

- Your email must include the following information:
 - Your first and last name;
 - Your phone number;
 - The name of your school district or non-public school;
 - The facility ID that is printed on your Annual Report form; and
 - A detailed description of the issue you are having.

Report the status of students as of **October 31, 2014**.

You must submit your Annual Report of Immunization Status to DSHS (electronically) no later than **December 12, 2014**. DSHS does not grant extensions past the deadline. Failure to submit your annual report by the due date may result in a school audit.

SECTION 1 (A through H): DISTRICT / NON-PUBLIC SCHOOL INFORMATION

The following information should be pre-printed on the form mailed to you:

- (A) Name of your school district or non-public school;
- (B) Facility ID;
- (C) FIN number; and
- (D) Mailing Address.

Enter your contact information electronically:

- (E) Name and Title;
- (F) Email address and Phone Number.

Please complete the following information (Items G and H) for your ENTIRE district or non-public school, for **ALL grades K-12**. If non-public school—please enter your specific non-public school information, **NOT** diocese total or parent organization information.

(G) Total number of conscientious exemption forms filed in your district/non-public school. ***Include the total for ALL grades K-12 and include religious exemptions. Do not include Pre-K.***

(H) Total number of students enrolled in your district (for public schools) or school (for non-public schools): Include the total number of students enrolled regardless of what grade levels you have in your district or school. For example, a non-public school that has only grades 8-12 should provide the total number of students enrolled in grades 8-12. ***Include the total for ALL grades K-12 only. Do not include Pre-K.***

SECTION 2 (I through T): IMMUNIZATION STATUS

The information below must be submitted for Pre-Kindergarten, Kindergarten, and 7th grade students in your school district or non-public school. For a list of immunization requirements, please refer to the *Minimum State Vaccine Requirements for Students Grades K-12* (Stock # 6-14) and *Child-Care Facility Requirements* (Stock # 6-15). Both requirements can be found at www.ImmunizeTexas.com.

Table 1 Pre-Kindergarten

(I) Total number of schools in your district with grade **Pre-Kindergarten**. For most non-public schools, the number should be 1.

(J) Total number of students enrolled in **Pre-Kindergarten**.

(K) For Pre-Kindergarten there are only two vaccines DSHS is collecting information on. When completing this section only include information for two vaccines (pneumococcal and hepatitis A). Total number of **Pre-Kindergarten** students with a conscientious exemption on file, including a religious exemption. **Please Note: If you have at least one student with a conscientious exemption, you must also mark the corresponding vaccine or vaccines that the student is exempted from, in Column 3.**

(L) Total number of **Pre-Kindergarten** students without an Immunization Record on file.

Column (1) Up-to-Date / Completely Vaccinated

In this column, include only the number of students who are up-to-date/completely vaccinated. For example, this would include all those who have completed all required immunizations for their age.

Column (2) Provisional

In this column, include the number of students who are in the category of provisional enrollment. A student can be enrolled provisionally under the following circumstances:

- (1) When a student has started a series of required vaccinations and is on schedule to receive the remaining doses as rapidly as medically feasible;
- (2) When a student has transferred from one Texas school to another Texas school and is waiting on the transfer of immunization records (30 day period);
- (3) When a student is a dependent of a person who is on active duty with the armed forces of the United States and is waiting for the transfer of records from a previous school; or
- (4) Students who are defined as homeless according to the *federal McKinney-Vento Act, 42 U.S.C. §11434a*, can be admitted provisionally for 30 days if acceptable evidence of vaccination is not available.

Column (3) Conscientious Exemptions

In this column, include the number of students who have an official affidavit for an **Exemption from Immunizations for Reasons of Conscience including religious beliefs** on file from the Department of State Health Services (DSHS). Remember, only count the exemptions for Hepatitis A and Pneumococcal. The original form must be on file with the school. Students with religious exemptions filed prior to September 1, 2003 should also be included in this column.

Column (4) Medical Exemptions

In this column, include the number of students who have a valid medical exemption on file with the school. The statement must be signed by the student's physician (M.D. or D.O.). The medical exemption must state that, in the physician's opinion, the vaccine required is medically contraindicated or poses a significant risk to the health and well-being of the child or any member of the child's household. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician. Students with a history of disease for Varicella are considered up-to-date and should not be counted as a medical exemption. **Note: A Medical Exemption is not a Conscientious Exemption.**

Column (5) Delinquent

This column includes the number of students who are delinquent. Delinquent students are students who are not up-to-date on their immunizations; do not have the required immunizations for their age; do not qualify for provisional enrollment; and do not have a valid medical or conscientious exemption on file. Therefore, Column 5 should **not** include students from Columns 1, 2, 3 or 4.

Column (6) Total from Columns 1-5 (This total must equal the total enrollment for the specified grade level.) The number in Column 6 **MUST** equal the combined total of Columns 1, 2, 3, 4, and 5.

Table 2: Kindergarten (Follow the same instructions as for Table 1 in the Pre-Kindergarten example above.)

(M) Total number of schools in your district with grade **Kindergarten**. For most non-public schools, the number should be 1.

(N) Total number of students enrolled in **Kindergarten**.

(O) Total number of **Kindergarten** students with a conscientious exemption on file, including a religious exemption. **Please Note: If you mark that you have at least one student with a conscientious exemption, you must also mark that you have at least one student in the Conscientious Exemption field, Column 3 as well. The total in Column 3 should at least be equal to or more, but not less than, the total you put next to letter "O."**

(P) Total number of **Kindergarten** students without an Immunization Record on file.

Columns 1-6 Follow the same instructions as for Table 1.

Table 3: 7th Grade Follow the same instructions for Table 1 (Pre-Kindergarten).

(Q) Total number of schools in your district with **7th grade**. For most non-public schools, the number should be 1.

(R) Total number of students enrolled in **7th grade**.

(S) Total number of 7th grade students with a conscientious exemption on file, including a religious exemption. **Please Note: If you mark that you have at least one student with a conscientious exemption, you must also mark that you have at least one student in the Conscientious Exemption field, Column 3 as well. The total in Column 3 should at least be equal to or more, but not less than, the total you put next to letter "S."**

(T) Total number of **7th grade** students without an Immunization Record on file.

Columns 1-6 Follow the same instructions as Table 1.

ADDITIONAL INFORMATION

Public Schools

This report should include your total district numbers for all grades being requested. Please do not submit a separate report for each Pre-Kindergarten, Kindergarten and 7th grade school in your district.

Fill out all required fields for the report. If there are no students in a particular category or if the category is not applicable to you, place a zero in the box.

Non-Public Schools and Charter Schools

If you received more than one Annual Report and the forms have different facility ID numbers, **you must contact us immediately** at (512) 776-6427, to ensure that your report will be filled out correctly. Do not combine different reports.

For Catholic diocese schools, please submit the reports with information specific to the school name that is listed, not the diocese total. If your non-public school or charter school only has grades above 7th grade, you are required to complete Section 1 of this report. **(District/Non-public School Information, A-H)**.

All Schools

If your non-public school or school district has software that computerizes your annual report, please **do not send the computerized printout** to DSHS. Use your print out to complete the annual report online.

Please review your report before you submit it.

As you enter your report online, automatic data validations will check for the correctness of your data. For example, the total number of students in Columns 1-5 must equal the total enrollment number you entered for that particular grade level.

It is very important that you keep a copy of your report for your records. After you submit your data online, you will have the option of printing a summary report.

If you have questions or concerns about this report or need more information about immunization requirements, please call the Immunization Branch at **(800) 252-9152**.

3.3 2014-2015 Annual Report of Immunization Status

SECTION 1: DISTRICT/NON-PUBLIC SCHOOL INFORMATION (ALL SCHOOLS must complete Section 1.)

(A)	(B)	(C)	(D)	(E)	(F)
Name of School District or Non-public School	Facility ID Number	FIN	Mailing Address	Name & Title of Person Completing Form	Email and Phone Number

Please complete the following information for your district/non-public school. **K-12 Only**

(G) What is the total number of conscientious exemption forms filed in your district/non-public school for K-12? _____

(H) What is your total district/non-public school enrollment for K-12? _____

SECTION 2: IMMUNIZATION STATUS

Table 1: PRE-KINDERGARTEN

(I) Total # of schools in your district with grade Pre-K? _____ (J) Total enrollment for grade Pre-K? _____ (K) Total # of Pre-K students with a conscientious exemption? (only include exemptions for vaccines listed below) _____ (L) Total # Pre-K students without an immunization record? _____

Columns 1, 2, 3, 4, and 5 MUST total Column 6

Vaccine	# Students Current		# Students Exempt Official State of Texas Form	# Students Exempt Statement From Health Care Provider	# Students Not Current	(6) Total from Columns 1-5
	(1) Up-to-Date	(2) Provisional	(3) Conscientious	(4) Medical	(5) Delinquent	
Pneumococcal (PCV)						
Hepatitis A						

Table 2: KINDERGARTEN

(M) Total # of schools in your district with grade K? _____ (N) Total enrollment for grade K? _____ (O) Total # of K students with a conscientious exemption? (must be equal to or less than Column 3) _____ (P) Total # K students without an immunization record? _____

Columns 1, 2, 3, 4, and 5 MUST total Column 6

Vaccine	# Students Current		# Students Exempt Official State of Texas Form	# Students Exempt Statement From Health Care Provider	# Students Not Current	(6) Total from Columns 1-5
	(1) Up-to-Date	(2) Provisional	(3) Conscientious	(4) Medical	(5) Delinquent	
DTaP						
Hepatitis A						
Hepatitis B						
MMR (2 doses)						
Polio						
Varicella (2 doses)						

Table 3: 7th GRADE

(Q) Total # of schools in your district with 7th grade? _____ (R) Total enrollment for 7th grade? _____ (S) Total # 7th grade students with a conscientious exemption? (must be equal to or less than Column 3) _____ (T) Total # 7th grade students without an immunization record? _____

Columns 1, 2, 3, 4, and 5 MUST total Column 6

Vaccine	# Students Current		# Students Exempt Official State of Texas Form	# Students Exempt Statement From Health Care Provider	# Students Not Current	(6) Total from Columns 1-5
	(1) Up-to-Date	(2) Provisional	(3) Conscientious	(4) Medical	(5) Delinquent	
Tdap/Td						
Hepatitis B						
MMR (2 doses)						
Varicella (2 doses)						
Polio						
Meningococcal						

Section 4

School Audit

4.1 OVERVIEW OF SCHOOL AUDIT

Timeline

- September to June, annually
- Listing of ISDs to be audited are mailed out in September
- Submit Detailed Audit Report of Immunization Compliance to DSHS ACE Group in Austin by June 30, 2015

Purpose of Survey

The DSHS ACE Group in Austin conducts an audit of public and non-public schools to measure compliance with state immunization requirements.

Method of Survey

The DSHS ACE Group in Austin will assign ISD and non-public school audits by using one or more of the following methods:

- Below 95% compliance in any vaccine category from the Annual Report of Immunization Status from the previous year.
- ISDs and non-public schools that did not submit an Annual Report of Immunization Status or responded late.
- Random selection of 5% to 10% of ISDs and non-public schools in region.

HSR/LHD will randomly select schools within ISDs to audit records.

Roles & Responsibilities

Austin

- Establish timeline
- Provide technical assistance to HSR
- Provide line listings of ISDs and non-public schools to be audited
- Create standardized reports for HSR

HSR

- Assign school audits to LHD staff
- Provide technical assistance to LHD staff
- Assign deadlines for audits to be completed
- Contact school administrators prior to audit
- Conduct audit
- Follow DSHS audit procedures
- Analyze data

LHD

- Contact school administrators prior to audit
- Conduct audits

4.2 SCHOOL AUDIT PROCEDURE

PREPARING FOR SCHOOL AUDIT: CONTACTING PUBLIC AND NON-PUBLIC SCHOOLS

1. Review the line list distributed by the DSHS ACE Group in Austin. Look for any duplication with the validation or retrospective surveys. See Appendix 2 for details on how to handle duplicate schools listed.
2. For each ISD, randomly select one elementary, one middle/junior high, and one high school to be audited.
3. Plan how the audit will be conducted. Will it be done on-site or through the mail?
4. Contact the school administrators at the schools that will be sampled concerning their participation in the survey. If the survey will be done on-site, arrange the date and time for the visit. Inform the school the enrollment total for all students at the school will be needed. The enrollment totals should include only students currently enrolled at these schools.

INSTRUCTIONS FOR SAMPLING SCHOOL RECORDS

1. Randomly pull 100 records from the selected elementary school, 100 records from the selected middle/junior high school, and 100 records from the selected high school for a total of 300 records.
 - o If a school has less than 100 records, then audit all records for that school.
2. Due to the variation in non-public schools, a clear definition of a non-public school is hard to identify. If possible, the same sampling method should be used as in public schools (100 records for elementary, 100 records for middle/junior high, and 100 record for high school).

Example: A non-public school has K-8 grades, with K-5 grades (elementary) total enrollment of 150 and 6-8 grade (middle school) total enrollment of 80. Randomly select 100 records for the K-5 audit. For 6-8 grades audit all 80 records for a total of 180 records.

3. Complete the Detailed Audit Report of Immunization Compliance.
 - o The assessment date is the date the audit is being conducted.
 - o Using the assessment date of the audit, assess records for compliance using the Texas Minimum State Vaccine Requirements for Students. See Section 7, Resources.
 - o When possible provide feedback to schools on non-complaint children who need immunizations.

SUBMISISON OF REPORT TO THE DSHS REGIONAL OR AUSTIN OFFICE

Mail completed reports to:

**Department of State Health Services
Assessment Compliance and Evaluation Group
Attn: Epidemiologist
Mail Code 1946
P.O. Box 149347
Austin, Texas 78714-9347**

E-mail: Imm.Epi@dshs.state.tx.us

Include any sampling worksheets and all appropriate quality check lists.

Submit completed *Detailed Audit Report of Immunization Compliance* form to DSHS ACE Group in Austin by **June 30, 2015**.

4.3 TEXAS EDUCATION CODE

Texas Education Code

CHAPTER 38. HEALTH AND SAFETY

SUBCHAPTER A. GENERAL PROVISIONS

§ 38.002. IMMUNIZATION RECORDS; REPORTING.

- (a) Each public school shall keep an individual immunization record during the period of attendance for each student admitted. The records shall be open for inspection at all reasonable times by the Texas Education Agency or by representatives of local health departments or the Texas Department of State Health Services.
- (b) Each public school shall cooperate in transferring students' immunization records to other schools. Specific approval from students, parents, or guardians is not required before transferring those records.
- (c) TEA and the Texas Department of State Health Services shall develop the form for a required annual report of the immunization status of students. The report shall be submitted by all schools at the time and in the manner indicated in the instructions printed on the form.

Added by Acts 1995, 74th Leg., Ch. 260, § 1, eff. May 30, 1995.

4.4 TEXAS DEPARTMENT OF STATE HEALTH SERVICES, IMMUNIZATION BRANCH, DETAILED AUDIT REPORT OF IMMUNIZATION COMPLIANCE

Texas Department of State Health Service, Immunization Branch Detail Audit Report of Immunization Compliance, School-Year 2014-2015

District Name: _____

School Name: _____

Date Assigned: _____

Facility ID: _____

Return to Central Office by: _____

Elementary Total Enrolled: _____

Total Reviewed: _____

	DTaP/DT/Td/Tdap (Kindergarten entry, 5 doses of vaccine required, 1 after 4 th birthday, or 4 with 1 dose after 4 th birthday).	Polio (4 doses with 1 dose after 4 th birthday, or 3 if the 3 rd was after 4 th birthday, IPV/OPV).	MMR (2 doses MMR required for Kg - 4 th ; for 5 th - 12 th , two doses of measles and one dose each of mumps and rubella).	Hepatitis B (3 doses of Hep B no later than kindergarten entry).	Hepatitis A (2 doses required for Kg-4 th ; otherwise no doses required)
# Of records reviewed					
# Of records with all required doses					
Medical / Conscientious exemption					
% Protected*					
% In compliance**					
	Varicella (2 doses required for Kg-4 th , 2 doses required grades 7-11, otherwise 1 dose required).	Pneumococcal Preschool only	Hib Preschool only		
# Of records reviewed					
# Of records with all required doses					
Medical / Conscientious exemption					
% Protected*					
% In compliance**					

**Texas Department of State Health Service, Immunization Branch
Detail Audit Report of Immunization Compliance, School-Year 2014-2015**

Junior/Middle Total Enrolled: _____

Total Reviewed: _____

	<u>DTaP/DT/Td/Tdap 3 dose primary and 1 Tdap/Td booster within last 5 years; 8th-12th grade 3 dose primary series and 1 Tdap/Td booster within last 10 years.</u>	Polio	MMR	Measles #2 (5 th - 12 th grade: 2 doses of measles and 1 dose each of mumps and rubella).	Hepatitis B
# Of records reviewed					
# Of records with all required doses					
Medical / Conscientious exemption					
% Protected*					
% In compliance**					
	Varicella (2 doses required for 7 th - 11 th and K-4 th , (otherwise 1 dose required).	MCV (One dose required for 7 th - 11 th grade).			
# Of records reviewed					
# Of records with all required doses					
Medical / Conscientious exemption					
% Protected*					
% In compliance**					

* % Protected = (# records with all required doses / # records reviewed) * 100

** % In compliance = [(# records with all required doses + Medical/Conscientious exemptions) / # records reviewed] * 100

**Texas Department of State Health Services, Immunization Branch
Detail Audit Report of Immunization Compliance, School-Year 2014-2015**

District Name: _____

School Name: _____

Facility ID: _____

Date Assigned: _____

Return to Central Office by: _____

High School Total Enrolled: _____

Total Reviewed: _____

	DTaP/DT/Td/Tdap (3 dose primary and 1 Tdap/Td within past 10 years).	Polio	MMR	Measles #2 (5th -12th grade: 2 doses of measles and 1 dose each of mumps and rubella).	Hepatitis B
# Of records reviewed					
# Of records with all required doses					
Medical / Conscientious exemption					
% Protected*					
% In compliance**					
	Varicella (2 doses required for 7th - 11th and K-4, otherwise 1 dose required)	MCV (One dose required for 7th - 11th grade).			
# Of records reviewed					
# Of records with all required doses					
Medical / Conscientious exemption					
% Protected*					
% In compliance**					

**Texas Department of State Health Service, Immunization Branch
Detail Audit Report of Immunization Compliance, School-Year 2014-2015**

District Total Enrolled: _____

Total Reviewed: _____

	DTaP/DT/Td/Tdap	Polio	MMR	MMR #2 / Measles # 2	Hepatitis B
# Of records reviewed					
# Of records with all required doses					
Medical / Conscientious exemption					
% Protected*					
% In compliance**					
	Hepatitis A	Varicella	Pneumococcal	Hib	MCV
# Of records reviewed					
# Of records with all required doses					
Medical / Conscientious exemption					
% Protected*					
% In compliance**					

* % Protected = (# records with all required doses / # records reviewed) * 100

** % In compliance = [(# records with all required doses + Medical/Conscientious exemptions) / # records reviewed] * 100

Section 5

Texas School Immunization Validation Survey

5.1 OVERVIEW OF TEXAS SCHOOL IMMUNIZATION VALIDATION SURVEY

Timeline

- September to March, annually
- The common assessment date for the survey is the last Friday in October
- The **CoCASA** transfer files are due to the DSHS ACE Group in Austin by March 31, 2015

Purpose of Survey

It is a CDC grant requirement to annually validate self-reported school immunization coverage levels. The Texas School Immunization Validation Survey is a school-based survey developed to validate the results of the *Annual Report of Immunization Status in Texas Schools*, which consists of self-reported immunization compliance data from Texas public school districts and accredited non-public schools. The validation survey authenticates the statewide immunization compliance levels for kindergarten and 7th grade students attending public schools.

Method of Survey

The DSHS ACE Group in Austin provides the sampling list of schools. HSR and LHD personnel conduct the survey. Excel files from DSHS ACE Group in Austin containing the schools to sample from are e-mailed to the HSR offices. It is the responsibility of the program or agency conducting the survey to work with the school nurse or the ISD Public Education Information Management System (PEIMS) coordinator to obtain the **de-identified** immunization records.

Once the data collection phase has been completed, a CD or e-mail containing the **CoCASA** records will be sent to DSHS ACE Group in Austin. DSHS ACE Group epidemiologists will analyze the data collected. Results will be distributed to DSHS Immunization Program Managers and will also be posted on the DSHS Immunization Branch website at:

<http://www.dshs.state.tx.us/immunize/coverage/validation.shtm>

Participation by schools in the survey is voluntary. However, before accepting refusal from a school, the purpose and public health benefits of the survey should be discussed with school officials.

Roles & Responsibilities

Austin

- Establish timeline
- Conduct sampling
- Create/maintain manual
- Provide technical assistance to HSRs
- Submit validation listing to HSRs
- Analyze and report data

HSR

- Ensure receipt of school listing from Austin
- Assign facilities to LHD staff
- Provide technical assistance to LHD staff

- Contact school administrators prior to survey
- Conduct survey
- Follow DSHS survey procedures
- Complete survey by deadline established by DSHS ACE Group in Austin

LHD

- Contact school administrators prior to survey
- Conduct survey
- Follow DSHS survey procedures
- Complete survey by deadline established by HSRs

Questions regarding the survey may be directed to:

Kenzi Guerrero, M.P.H., Epidemiologist
 Phone: (512) 776-3949
 Email: Kenzi.Guerrero@dshs.state.tx.us

Erin Gardner, M.P.H., Epidemiologist
 Phone: (512) 776-2985
 Email: Erin.Gardner2@dshs.state.tx.us

Lucille L. Palenapa, M.S., Epidemiologist
 Phone: (512) 776-6435
 Email: Lucille.Palenapa@dshs.state.tx.us

5.2 SURVEY PROCEDURE

PREPARING FOR THE SURVEY: CONTACTING SCHOOL ADMINISTRATORS AND HEALTH SERVICES COORDINATORS

1. Review line list distributed by DSHS ACE Group in Austin. Look for any duplication with the school audit or retrospective surveys. See Appendix 2 for details on how to handle duplicate schools listed.
2. Contact the school administrators in writing at the schools that will be sampled concerning their participation in the survey. Plan how the survey will be conducted. Will it be done on-site or through the mail? If the survey will be done on-site, arrange the date and time for the visit. **Tell the school the enrollment total for all students in the target grade level at the school will be needed. The enrollment totals should include only students currently enrolled at these schools.** Enrollment totals should not include students that have moved or transferred to another school. Inquire about how their records are stored (paper, electronic, or both). Make sure the school or the district PEIMS Coordinator has a sequentially numbered roster of active students or can generate a numbered roster of active students in the target grade level at the selected schools. Two copies are needed. One copy contains personal identifiers (such as student’s name) and the other copy has had all identifiers removed except date of birth. The school nurse or PEIMS Coordinator will keep the roster that contains the personal identifiers and give the copy containing only the dates of birth to the reviewer. To maintain compliance with FERPA, the reviewer cannot view the names of the students at any time during

the survey. If a numbered roster isn't available, then an alternative sampling method will need to be used. Details concerning the sampling procedure are addressed following this section under "*Instructions for Sampling School Records.*"

3. Contact the TEA Health Services Coordinators in the area so they are aware of which schools were selected for the survey, and can assist the school nurses if needed. Contact information for each Education Service Center is available at:

<http://www.tea.state.tx.us/index2.aspx?id=2147503292>

4. Fill out as many sections on the sampling worksheet as possible prior to visiting the school, or coordinate data collection through the mail. These sections include the name of the school, address, and class (Kindergarten or 7th), and the name and contact information for the health department personnel who will conduct the survey. If available at this time, record the enrollment total for the target grade on the sampling worksheet.
5. If the survey is conducted on-site, spend a few minutes after arriving at the school to explain the purpose of the survey with the school administrator and/or school nurse.

INSTRUCTIONS FOR SAMPLING SCHOOL RECORDS

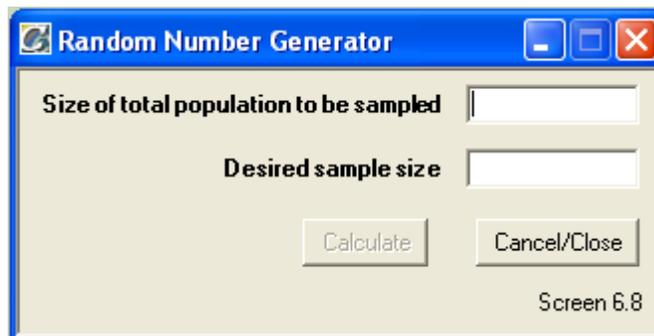
1. Ensure that the school nurse or PEIMS Coordinator has the numbered student roster generated before completing these steps. Two copies are needed. One copy contains personal identifiers (such as student's name) and the other copy has had **all identifiers removed** except date of birth. **The enrollment number that was provided for the target grade should match the total on the roster.** The school nurse or PEIMS Coordinator will keep the roster that contains the personal identifiers and give the copy containing only the dates of birth to the reviewer. It is important that both numbered lists are generated at the same time and both match up correctly. For example, the number 10 student on both lists should be the same person. This procedure will allow the reviewer to be relatively assured the immunization records of the students sampled for the survey are the ones pulled, while maintaining compliance with FERPA. A photocopy of the numbered roster can also be made and the names and the other identifiers blacked out and given to the reviewer if one cannot be generated electronically. If the survey is to be done on-site, have the school generate these lists prior to the reviewer's visit. If record collection is by mail, have them send the reviewer the numbered roster removed of all personal identifiers except date of birth.

*If a numbered roster cannot be generated and the school maintains a card file of immunization records, an alternative sampling method must be used. Have the school nurse take the total number of cards in the file and starting at one end, count the cards until the first card corresponding to the first random number generated by **CoCASA's Random Number Generator** is reached, and pull that card. Continue from that point until all the cards corresponding to the random numbers have been pulled. There should be 100 cards pulled. If there are fewer than 100 then all student records should be used. The school nurse will need to make copies of the cards and black out names, phone numbers, addresses, social security numbers, or any other identifiers (except date of birth) on the photocopies before providing them to the reviewer.*

- Using **CoCASA's Random Number Generator**, generate a list of random numbers using the number of enrolled students in the class as the population/cluster size. It is important to use a current enrollment total to prevent a number being picked that does not correspond to a student's record because the student moved, etc. **If necessary, contact the school to get a current enrollment total for the grade (Kindergarten or 7th grade).** The sample size is 100. **If there are fewer than 100 students, then all students are selected for the sample.**

To use the **Random Number Generator** in **CoCASA** to select the student records to be reviewed, follow these steps:

- Double-click on the **CoCASA** for Windows icon.
- Choose the **Assessment Tools** menu.
- Click once on the **Random Number Generator**.
- Type in the total number of students in the selected grade (determined in step #1) in the space next to **Size of total population to be sampled**.
- Type in 100 in the space next to **Desired Sample Size**.



- Click on the **Calculate** button (it will be active once the sample information is entered). Click on **Print** to print out the 100 numbers produced by the random number generator or write down these numbers on the sampling worksheet if a printer is not accessible. *NOTE: The only time less than 100 children are selected is when the total enrollment is less than 100.* Closing the print window should automatically close the random number generator. If not, use the **Cancel/Close** button on the random number generator to exit. Attach the random number listing to the sampling worksheet. Working from the numbered roster with the dates of birth, write down the 100 numbers and their corresponding date of birth that match to the numbers generated from the random number generator.
- Provide the school nurse with a copy of the completed sampling worksheet so that they can pull the records of students corresponding to the numbers on their copy of the roster. Or as an alternative, the reviewer may highlight them on a copy of the roster provided. However, the sampling worksheet should still be completed.

INSTRUCTIONS FOR OBTAINING IMMUNIZATION HISTORIES AND ENTERING RECORDS

- If the survey is done on-site, the school nurse will need to pull the records, photocopy them and black out the names and social security numbers on all copies.

If the survey is coordinated through the mail, the school nurse will obtain the immunization records of the students selected for the survey and mail them to the reviewer. The records may either be electronic or paper. If an electronic file is provided, it should be sent on a CD and in a format that can be easily opened with other programs (text file, DBF, or Excel).

Collection of the following information is **required**:

- Student's date of birth
- Dates of DTP/DTaP/DT/Td/Tdap doses
- Dates of Hib doses
- Dates of polio doses
- Dates of hepatitis B doses
- Dates of hepatitis A doses (if applicable)
- Dates of MMR doses (or their individual components)
- Dates of meningococcal doses
- Date of Varicella doses
- History of Varicella disease
- Any Exemptions (medical, religious, conscientious)

Collection of the following additional information is also **recommended** if available:

- Dates of pneumococcal doses
- Dates of influenza doses
- Dates of Human Papillomavirus (HPV) doses

Remember to de-identify confidential information. If confidential information, such as name is included, be sure to check the Scramble Patients Name field prior to exporting the file. If paper records are being sent, then names and social security numbers should be blacked out on each record.

2. Referring to the sampling worksheet or roster, double check to make sure the correct records were pulled based on the date of birth. Contact the school nurse if you notice any discrepancies.

Refer to **Appendix 1: CoCASA Instructions** for instructions on entering records in **CoCASA**.

Note: Vaccination dates after the assessment date **cannot be entered** into **CoCasa**. When conducting the survey, please do not include students who have left the school prior to this date.

SAVING VALIDATION SURVEY DATA FILES FOR SUBMISSION TO THE DSHS REGIONAL OR AUSTIN OFFICE

After all of the vaccination histories have been entered and the survey is completed, save all data files prior to sending them on. If sending from a LHD, save the data to a CD and submit the CD(s) to the HSR office. If sending from an HSR, consolidate the data from each local department to a regional CD and submit the CD(s) to DSHS ACE Group in Austin.

Refer to **Appendix 1: CoCASA Instructions** for instructions on exporting and backing up **CoCASA** data.

The procedure shown below should be used after **ALL** assigned school reviews are completed.

1. Consolidate CDs containing your saved files.
2. Make copies of each CD. Retain one copy and mail the other set of CD(s) to:

**Department of State Health Services
Assessment, Compliance, and Evaluation Group
Attn: Epidemiologist
Mail Code 1946
P.O. Box 149347
Austin, Texas 78714-9347**

3. Include copies of all the sampling worksheets with the CDs. It is not necessary to send copies of the student immunization records.

NOTE:

Mail the CD(s) or attach the files to an e-mail and send to the designated contact. If sending from a LHD, the designated contact is the HSR office. If sending from an HSR office, the designated contact is the DSHS ACE Group in Austin at:

Imm.Epi@dshs.state.tx.us

Include any sampling worksheets and all appropriate quality check lists.

Section 6

Texas County Retrospective Immunization School Survey

6.1 Texas COUNTY RETROSPECTIVE IMMUNIZATION SCHOOL SURVEY (TCRISS)

Timeline

- Varies by region
- As assigned by DSHS ACE Group in Austin

Purpose of Survey

The purpose of the TCRISS is to provide county-level estimates of vaccination coverage among preschool children at 24 months of age. Retrospective immunization surveys are relatively inexpensive and fairly easy to conduct. Immunization data are readily available through schools and typically provide accurate immunization histories because most are from health-care provider records. However, data from retrospective surveys of kindergarten immunization records are generally three years outdated and cannot be used to assess current immunization practices or interventions to raise vaccination coverage levels.

Method of Survey

The TCRISS is designed to assess the vaccination coverage levels of public school kindergarteners when they were two years of age (three years prior to the survey date). At age two, children should have had all of the initial doses of all required vaccines.

It is the responsibility of the program or agency conducting the survey to work with the school nurse or the PEIMS Coordinator at the district to obtain the **de-identified** immunization records of kindergarten students selected for the survey. The HSR/LHD office staff may either visit the schools they will sample from or coordinate the collection of **de-identified** copies of immunization records by mail with the school nurses. The school nurse or the PEIMS Coordinator at the district will provide the active class enrollment total at the school. Once the immunization records are obtained, they should be entered into the current version of **CoCASA**.

Once the data collection phase has been completed, a CD or e-mail containing the **CoCASA** records will be sent to DSHS ACE Group in Austin. The DSHS ACE Group epidemiologists will analyze the data collected.

The TCRISS will assess vaccination coverage for the 4:3:1:3:3:1:4 vaccine series (4 doses of diphtheria, tetanus, pertussis vaccine; 3 doses of poliovirus vaccine; 1 dose of measles, mumps, rubella vaccine; 3 doses of *Haemophilus influenzae* type b (HIB) vaccine; 3 doses of hepatitis B vaccine; 1 dose varicella vaccine; 4 doses pneumococcal containing vaccine), the 4:3:1:3:3:1 vaccine series, the 4:3:1:3:3 vaccine series, and the individual vaccine antigens for all recommended vaccines.

Roles & Responsibilities

Austin

- Establish timeline
- Conduct sampling
- Create/maintain manual
- Provide technical assistance to HSRs
- Submit school listing to HSRs

- Analyze data
- Report data

HSR

- Ensure receipt of school listing from Austin
- Assign facilities to LHD staff
- Provide technical assistance to LHD staff
- Contact school administrators prior to survey
- Conduct survey
- Follow DSHS procedures
- Complete survey by deadline established by DSHS ACE Group in Austin

LHD

- Contact school administrators prior to survey
- Conduct survey
- Complete survey by deadline established by HSRs
- Follow DSHS procedures

Questions regarding the survey may be directed to:

Kenzi Guerrero, M.P.H., Epidemiologist
 Phone: (512) 776-3949
 Email: Kenzi.Guerrero@dshs.state.tx.us

Erin Gardner, M.P.H., Epidemiologist
 Phone: (512) 776-2985
 Email: Erin.Gardner2@dshs.state.tx.us

Lucille L. Palenapa, M.S., Epidemiologist
 Phone: (512) 776-6435
 Email: Lucille.Palenapa@dshs.state.tx.us

6.2 SURVEY PROCEDURE

Overview of Data Collection:

The survey has a two-stage design. The first facet is a simple random sample of schools from a county and the second is a simple random sample of kindergartners from each school. If there are fewer than 25 schools in the county, then all schools will be included in the survey. If there are 25 or more schools, then schools will be picked randomly from a list of schools in the county using a statistical formula. Data supplied by TEA will be used to determine the number of schools and kindergartners for each county from the previous year's enrollment numbers. The sample size required for the survey will be calculated and a determination made as to the number of kindergarten students to sample per school. However, if there are fewer than 800 kindergarten students in the county, all kindergarten students will be included in the survey. DSHS ACE Group in Austin will assist in the survey by recommending both an appropriate kindergarten sample size and number of school and kindergarten records to sample in the survey.

Once the kindergarten sample size and the number of schools to include in the survey have been determined, the school administrator for each school should be contacted concerning their school's participation in the survey. If data collection will be done on-site, the date

and time for the visit will need to be arranged. Data collection may also be coordinated through the mail.

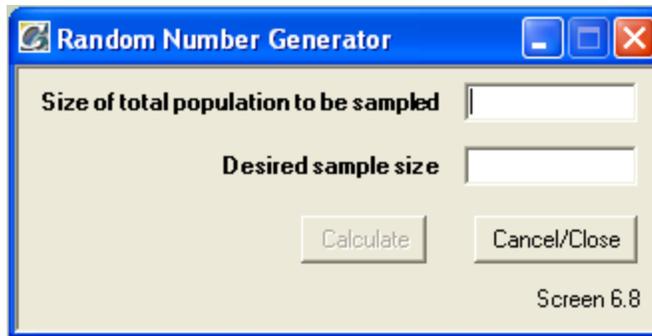
INSTRUCTIONS FOR SAMPLING SCHOOL RECORDS

(For counties with 800 or more kindergarten students and sampling of students is required)

1. The school nurse or the district PEIMS Coordinator should provide a complete sequentially numbered roster of active kindergarten students. Two copies are needed. One copy contains personal identifiers (such as student's name) and the other copy should have **all personal identifiers removed** except date of birth. The enrollment number that was provided should match the total on the roster. The school nurse or PEIMS Coordinator will keep the roster that contains the personal identifiers. The roster provided to the reviewer should have **all personal identifiers removed** except date of birth. It is important that both numbered lists are generated at the same time and both match up correctly. For example, the number 10 student on both lists should be the same person. This procedure will allow the reviewer to be relatively assured the immunization records of the students sampled for the survey are the ones pulled, while maintaining compliance with FERPA. It is critical to insure all reports are **de-identified**. A photocopy of the numbered roster can also be made and the names and the other identifiers blacked out and given to the reviewer if one cannot be generated electronically. If the survey is to be done on-site, have the school generate these lists prior to the reviewer's visit. If record collection is by mail, have them send the reviewer the numbered roster with all personal identifiers except date of birth, removed. To maintain compliance with FERPA, the reviewer cannot view the names of the students at any time during the survey nor enter them into **CoCASA**.

If a numbered roster cannot be generated and the school maintains a card file of immunization records, an alternative sampling method must be used. Have the school nurse take the total number of cards in the file and starting at one end, count the cards until the first card corresponding to the first random number generated by **CoCASA's Random Number Generator** is reached and pull that card. Continue from that point until all the cards corresponding to the random numbers have been pulled. The school nurse will need to make copies of the cards and black out names, phone numbers, addresses, social security numbers, or any other identifiers (except date of birth) on the photocopies before providing them to the reviewer.

2. Determine the total number of kindergarten students currently enrolled at the school. Record this number on the TCRISS sample log for the school.
3. Use the **Random Number Generator** in **CoCASA** to select the student records to be reviewed:
 - Double-click on the **CoCASA** for Windows icon.
 - Choose the **Assessment Tools** menu.
 - Click once on the **Random Number Generator**.
 - Type in the total number of students in the selected grade (determined in step #1) in the space next to **Size of total population to be sampled**.
 - Type in the number of students included in the sample in the space next to **Desired Sample Size**.



- Click on the **Calculate** button (it will be active once the sample information is entered). Write down these numbers on the TCRISS school sample log if a printer is not accessible or click on **Print** to print out the numbers produced by the random number generator. *NOTE: If there is fewer than the desired number of children for the sample, all kindergarten students at the school will need to be included in the survey.* Closing the print window should automatically close the random number generator. If not, use the **Cancel/Close** button on the random number generator to exit.
4. Working from the copy of the numbered roster that includes only the dates of birth, highlight the entries corresponding to the numbers generated from the random number generator. Provide the sheet to the school nurse so that the records of students corresponding to the numbers on the school's copy of the roster can be pulled.

If not already done, record the total kindergarten enrollment in the space provided on the TCRISS school sample log.

INSTRUCTIONS FOR ENTERING IMMUNIZATION HISTORIES

1. If the survey is done on-site, the school nurse will need to pull the records, photocopy them, and black out the names and social security numbers on the copies. If the survey is coordinated through the mail, the school nurse will obtain the immunization records of the students selected for the survey and mail them to the reviewer. The records may either be electronic or paper. If an electronic file is provided, it should be sent on a CD and in a format that can be easily opened with other programs (text file, DBF, or Excel).

Collection of the following information is **required**:

- Student's date of birth
- Dates of DTP/DTaP/DT/Td doses
- Dates of Hib doses
- Dates of polio doses
- Dates of hepatitis B doses
- Dates of hepatitis A doses (if applicable)
- Dates of MMR doses (or the individual components)
- Date of Varicella dose
- History of Varicella disease
- Any exemptions (medical, religious, conscientious)

Collection of the following additional information is also **recommended** if available:

- Dates of pneumococcal doses
- Dates of influenza doses

Remember to de-identify confidential information. If confidential information such as name is included, be sure to check the **Scramble Patients Name** field prior to exporting the file. If paper records are being sent, then names and social security numbers should be blacked out on each record.

2. Referring to the copy of the roster, double check to make sure the correct records were pulled based on the date of birth. Contact the school nurse if any discrepancies are noticed.

SAVING RETROSPECTIVE SURVEY DATA FILES FOR SUBMISSION TO THE DSHS REGIONAL OR AUSTIN OFFICE

After all of the vaccination histories have been entered and the survey is complete, save all files prior to sending them. Submit the CD(s) to the DSHS ACE Group in Austin.

Refer to **Appendix 1: CoCASA Instructions** for instructions on exporting and backing up **CoCASA** data.

The procedure shown below should be used after **ALL** assigned school reviews are completed.

1. Consolidate CDs containing your saved files.
2. Make copies of each CD. Retain one copy and mail the other CD(s) to:

**Department of State Health Services
Assessment Compliance and Evaluation Group
Attn: Epidemiologist
Mail Code 1946
P.O. Box 149347
Austin, Texas 78714-9347**

3. Include copies of all sampling worksheets with the CD(s). It is not necessary to send copies of the student immunization records.

NOTE:

Mail the CD(s) or attach the files to an e-mail and send to the designated contact. If sending from an LHD, the designated contact is the HSR office. If sending from an HSR, the designated contact is the DSHS ACE Group in Austin at:

Imm.Epi@dshs.state.tx.us

Include any sampling worksheets and all appropriate quality check lists.

Section 7

Resources

7.1 RECOMMENDED CHILDHOOD IMMUNIZATION SCHEDULE

Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2014.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE (FIGURE 2)).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are in bold.

Vaccine	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 ¹ (HepB)	1 st dose	← 2 nd dose →			← 3 rd dose →											
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See footnote 2											
Diphtheria, tetanus, & acellular pertussis ³ (DTaP; <7 yrs)			1 st dose	2 nd dose	3 rd dose				← 4 th dose →			5 th dose				
Tetanus, diphtheria, & acellular pertussis ⁴ (Tdap; ≥7 yrs)														(Tdap)		
<i>Haemophilus influenzae</i> type b ⁵ (Hib)			1 st dose	2 nd dose	See footnote 5				← 3 rd or 4 th dose, See footnote 5 →							
Pneumococcal conjugate ⁶ (PCV13)			1 st dose	2 nd dose	3 rd dose				← 4 th dose →							
Pneumococcal polysaccharide ⁶ (PPSV23)																
Inactivated poliovirus ⁷ (IPV) (<18 yrs)			1 st dose	2 nd dose	← 3 rd dose →							4 th dose				
Influenza ⁸ (IIV; LAIV) 2 doses for some: See footnote 8					Annual vaccination (IIV only)					Annual vaccination (IIV or LAIV)						
Measles, mumps, rubella ⁹ (MMR)							← 1 st dose →					2 nd dose				
Varicella ¹⁰ (VAR)							← 1 st dose →					2 nd dose				
Hepatitis A ¹¹ (HepA)									← 2-dose series, See footnote 11 →							
Human papillomavirus ¹² (HPV2: females only; HPV4: males and females)															(3-dose series)	
Meningococcal ¹³ (Hib-Men-CY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)			See footnote 13											1 st dose		Booster

Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Range of recommended ages during which catch-up is encouraged and for certain high-risk groups
 Not routinely recommended

This schedule includes recommendations in effect as of January 1, 2014. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip>), the American Academy of Pediatrics (<http://www.aap.org>), the American Academy of Family Physicians (<http://www.aafp.org>), and the American College of Obstetricians and Gynecologists (<http://www.acog.org>).

NOTE: The above recommendations must be read along with the footnotes of this schedule.

Footnotes — Recommended immunization schedule for persons aged 0 through 18 years—United States, 2014

For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.

For vaccine recommendations for persons 19 years of age and older, see the adult immunization schedule.

Additional information

- For contraindications and precautions to use of a vaccine and for additional information regarding that vaccine, vaccination providers should consult the relevant ACIP statement available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.
 - For purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.
 - Vaccine doses administered 4 days or less before the minimum interval are considered valid. Doses of any vaccine administered ≥ 5 days earlier than the minimum interval or minimum age should not be counted as valid doses and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see *MMWR, General Recommendations on Immunization and Reports* / Vol. 60 / No. 2; Table 1. *Recommended and minimum ages and intervals between vaccine doses* available online at <http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf>.
 - Information on travel vaccine requirements and recommendations is available at <http://wwwnc.cdc.gov/travel/destinations/list>.
 - For vaccination of persons with primary and secondary immunodeficiencies, see Table 13, "Vaccination of persons with primary and secondary immunodeficiencies," in *General Recommendations on Immunization (ACIP)*, available at <http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf>; and American Academy of Pediatrics. *Immunization in Special Clinical Circumstances*, in Pickering LK, Baker CJ, Kimberlin DW, Long SS eds. *Red Book: 2012 report of the Committee on Infectious Diseases. 29th ed.* Elk Grove Village, IL: American Academy of Pediatrics.
- 1. Hepatitis B (HepB) vaccine. (Minimum age: birth)**
Routine vaccination:
At birth:
 - Administer monovalent HepB vaccine to all newborns before hospital discharge.
 - For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) 1 to 2 months after completion of the HepB series, at age 9 through 18 months (preferably at the next well-child visit).
 - If mother's HBsAg status is unknown, within 12 hours of birth administer HepB vaccine regardless of birth weight. For infants weighing less than 2,000 grams, administer HBIG in addition to HepB vaccine within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if mother is HBsAg-positive, also administer HBIG for infants weighing 2,000 grams or more as soon as possible, but no later than age 7 days.**Doses following the birth dose:**
 - The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
 - Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months starting as soon as feasible. See Figure 2.
 - Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose at least 8 weeks after the second dose AND at least 16 weeks after the **first** dose. The final (third or fourth) dose in the HepB vaccine series should be administered **no earlier than age 24 weeks**.
 - Administration of a total of 4 doses of HepB vaccine is permitted when a combination vaccine containing HepB is administered after the birth dose.**Catch-up vaccination:**
 - Unvaccinated persons should complete a 3-dose series.
 - A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.
 - For other catch-up guidance, see Figure 2.
 - 2. Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV1 [Rotarix] and RV5 [RotaTeq])**
Routine vaccination:
Administer a series of RV vaccine to all infants as follows:
 1. If Rotarix is used, administer a 2-dose series at 2 and 4 months of age.
 2. If RotaTeq is used, administer a 3-dose series at ages 2, 4, and 6 months.
 3. If any dose in the series was RotaTeq or vaccine product is unknown for any dose in the series, a total of 3 doses of RV vaccine should be administered.**Catch-up vaccination:**
 - The maximum age for the first dose in the series is 14 weeks, 6 days; vaccination should not be initiated for infants aged 15 weeks, 0 days or older.
 - The maximum age for the final dose in the series is 8 months, 0 days.
 - For other catch-up guidance, see Figure 2.
 - 3. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)**
Exception: DTaP-IPV (Kinrix): 4 years)
Routine vaccination:
 - Administer a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and 4 through 6 years. The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.**Catch-up vaccination:**
 - The fifth dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.
 - For other catch-up guidance, see Figure 2.
 - 4. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for Boostrix, 11 years for Adacel)**
Routine vaccination:
 - Administer 1 dose of Tdap vaccine to all adolescents aged 11 through 12 years.
 - Tdap may be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
 - Administer 1 dose of Tdap vaccine to pregnant adolescents during each pregnancy (preferred during 27 through 36 weeks gestation) regardless of time since prior Td or Tdap vaccination.**Catch-up vaccination:**
 - Persons aged 7 years and older who are not fully immunized with DTaP vaccine should receive Tdap vaccine as 1 (preferably the first) dose in the catch-up series; if additional doses are needed, use Td vaccine. For children 7 through 10 years who receive a dose of Tdap as part of the catch-up series, an adolescent Tdap vaccine dose at age 11 through 12 years should NOT be administered. Td should be administered instead 10 years after the Tdap dose.
 - Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
 - Inadvertent doses of DTaP vaccine:
 - If administered inadvertently to a child aged 7 through 10 years may count as part of the catch-up series. This dose may count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11 through 12 years.
 - If administered inadvertently to an adolescent aged 11 through 18 years, the dose should be counted as the adolescent Tdap booster.
 - For other catch-up guidance, see Figure 2.
 - 5. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks for PRP-T [ACTHIB, DTaP-IPV/Hib (Pentacel) and Hib-MenCY (MenHibrix)], PRP-OMP [PedvaxHIB or COMVAX], 12 months for PRP-T [Hiberix])**
Routine vaccination:
 - Administer a 2- or 3-dose Hib vaccine primary series and a booster dose (dose 3 or 4 depending on vaccine used in primary series) at age 12 through 15 months to complete a full Hib vaccine series.
 - The primary series with ActHib, MenHibrix, or Pentacel consists of 3 doses and should be administered at 2, 4, and 6 months of age. The primary series with PedvaxHib or COMVAX consists of 2 doses and should be administered at 2 and 4 months of age; a dose at age 6 months is not indicated.
 - One booster dose (dose 3 or 4 depending on vaccine used in primary series) of any Hib vaccine should be administered at age 12 through 15 months. An exception is Hiberix vaccine. Hiberix should only be used for the booster (final) dose in children aged 12 months through 4 years who have received at least 1 prior dose of Hib-containing vaccine.

For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.

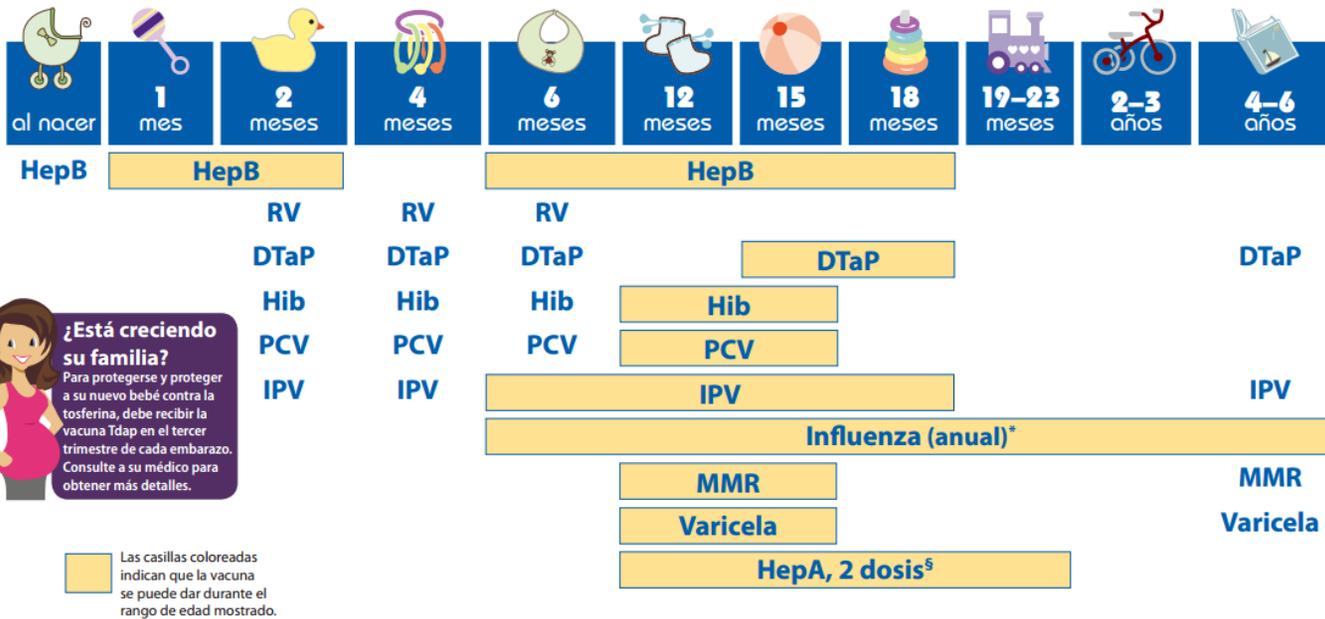
5. **Haemophilus influenzae type b (Hib) conjugate vaccine (cont'd)**
- For recommendations on the use of MenHibrix in patients at increased risk for meningococcal disease, please refer to the meningococcal vaccine footnotes and also to *MMWR* March 22, 2013; 62(RR02);1-22, available at <http://www.cdc.gov/mmwr/pdf/rr/r6202.pdf>.
- Catch-up vaccination:**
- If dose 1 was administered at ages 12 through 14 months, administer a second (final) dose at least 8 weeks after dose 1, regardless of Hib vaccine used in the primary series.
 - If the first 2 doses were PRP-OMP (PedvaxHIB or COMVAX), and were administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
 - If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a third (and final) dose at age 12 through 15 months or 8 weeks after second dose, whichever is later, regardless of Hib vaccine used for first dose.
 - If first dose is administered at younger than 12 months of age and second dose is given between 12 through 14 months of age, a third (and final) dose should be given 8 weeks later.
 - For unvaccinated children aged 15 months or older, administer only 1 dose.
 - For other catch-up guidance, see Figure 2. For catch-up guidance related to MenHibrix, please see the meningococcal vaccine footnotes and also *MMWR* March 22, 2013; 62(RR02);1-22, available at <http://www.cdc.gov/mmwr/pdf/rr/r6202.pdf>.
- Vaccination of persons with high-risk conditions:**
- Children aged 12 through 59 months who are at increased risk for Hib disease, including chemotherapy recipients and those with anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, immunoglobulin deficiency, or early component complement deficiency, who have received either no doses or only 1 dose of Hib vaccine before 12 months of age, should receive 2 additional doses of Hib vaccine 8 weeks apart; children who received 2 or more doses of Hib vaccine before 12 months of age should receive 1 additional dose.
 - For patients younger than 5 years of age undergoing chemotherapy or radiation treatment who received a Hib vaccine dose(s) within 14 days of starting therapy or during therapy, repeat the dose(s) at least 3 months following therapy completion.
 - Recipients of hematopoietic stem cell transplant (HSCT) should be revaccinated with a 3-dose regimen of Hib vaccine starting 6 to 12 months after successful transplant, regardless of vaccination history; doses should be administered at least 4 weeks apart.
 - A single dose of any Hib-containing vaccine should be administered to unimmunized* children and adolescents 15 months of age and older undergoing an elective splenectomy; if possible, vaccine should be administered at least 14 days before procedure.
 - Hib vaccine is not routinely recommended for patients 5 years or older. However, 1 dose of Hib vaccine should be administered to unimmunized* persons aged 5 years or older who have anatomic or functional asplenia (including sickle cell disease) and unvaccinated persons 5 through 18 years of age with human immunodeficiency virus (HIV) infection.
- * Patients who have not received a primary series and booster dose or at least 1 dose of Hib vaccine after 14 months of age are considered unimmunized.
6. **Pneumococcal vaccines. (Minimum age: 6 weeks for PCV13, 2 years for PPSV23)**
- Routine vaccination with PCV13:**
- Administer a 4-dose series of PCV13 vaccine at ages 2, 4, and 6 months and at age 12 through 15 months.
 - For children aged 14 through 59 months who have received an age-appropriate series of 7-valent PCV (PCV7), administer a single supplemental dose of 13-valent PCV (PCV13).
- Catch-up vaccination with PCV13:**
- Administer 1 dose of PCV13 to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
 - For other catch-up guidance, see Figure 2.
- Vaccination of persons with high-risk conditions with PCV13 and PPSV23:**
- All recommended PCV13 doses should be administered prior to PPSV23 vaccination if possible.
 - For children 2 through 5 years of age with any of the following conditions: chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy); diabetes mellitus; cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; solid organ transplantation; or congenital immunodeficiency:
 - Administer 1 dose of PCV13 if 3 doses of PCV (PCV7 and/or PCV13) were received previously.
 - Administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV (PCV7 and/or PCV13) were received previously.
6. **Pneumococcal vaccines (cont'd)**
- Administer 1 supplemental dose of PCV13 if 4 doses of PCV7 or other age-appropriate complete PCV7 series was received previously.
 - The minimum interval between doses of PCV (PCV7 or PCV13) is 8 weeks.
 - For children with no history of PPSV23 vaccination, administer PPSV23 at least 8 weeks after the most recent dose of PCV13.
- For children aged 6 through 18 years who have cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma:
 - If neither PCV13 nor PPSV23 has been received previously, administer 1 dose of PCV13 now and 1 dose of PPSV23 at least 8 weeks later.
 - If PCV13 has been received previously but PPSV23 has not, administer 1 dose of PPSV23 at least 8 weeks after the most recent dose of PCV13.
 - If PPSV23 has been received but PCV13 has not, administer 1 dose of PCV13 at least 8 weeks after the most recent dose of PPSV23.
 - For children aged 6 through 18 years with chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure), chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy), diabetes mellitus, alcoholism, or chronic liver disease, who have not received PPSV23, administer 1 dose of PPSV23. If PCV13 has been received previously, then PPSV23 should be administered at least 8 weeks after any prior PCV13 dose.
 - A single revaccination with PPSV23 should be administered 5 years after the first dose to children with sickle cell disease or other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma.
7. **Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)**
- Routine vaccination:**
- Administer a 4-dose series of IPV at ages 2, 4, 6 through 18 months, and 4 through 6 years. The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.
- Catch-up vaccination:**
- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
 - If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least 6 months after the previous dose.
 - A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
 - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age. IPV is not routinely recommended for U.S. residents aged 18 years or older.
 - For other catch-up guidance, see Figure 2.
8. **Influenza vaccines. (Minimum age: 6 months for inactivated influenza vaccine (IIV), 2 years for live, attenuated influenza vaccine (LAIV))**
- Routine vaccination:**
- Administer influenza vaccine annually to all children beginning at age 6 months. For most healthy, nonpregnant persons aged 2 through 49 years, either LAIV or IIV may be used. However, LAIV should NOT be administered to some persons, including 1) those with asthma, 2) children 2 through 4 years who had wheezing in the past 12 months, or 3) those who have any other underlying medical conditions that predispose them to influenza complications. For all other contraindications to use of LAIV, see *MMWR* 2013; 62 (No. RR-7):1-43, available at <http://www.cdc.gov/mmwr/pdf/rr/r6207.pdf>.
- For children aged 6 months through 8 years:**
- For the 2013-14 season, administer 2 doses (separated by at least 4 weeks) to children who are receiving influenza vaccine for the first time. Some children in this age group who have been vaccinated previously will also need 2 doses. For additional guidance, follow dosing guidelines in the 2013-14 ACIP influenza vaccine recommendations, *MMWR* 2013; 62 (No. RR-7):1-43, available at <http://www.cdc.gov/mmwr/pdf/rr/r6207.pdf>.
 - For the 2014-15 season, follow dosing guidelines in the 2014 ACIP influenza vaccine recommendations.
- For persons aged 9 years and older:**
- Administer 1 dose.

For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.

9. **Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months for routine vaccination)**
Routine vaccination:
- Administer a 2-dose series of MMR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
 - Administer 1 dose of MMR vaccine to infants aged 6 through 11 months before departure from the United States for international travel. These children should be revaccinated with 2 doses of MMR vaccine, the first at age 12 through 15 months (12 months if the child remains in an area where disease risk is high), and the second dose at least 4 weeks later.
 - Administer 2 doses of MMR vaccine to children aged 12 months and older before departure from the United States for international travel. The first dose should be administered on or after age 12 months and the second dose at least 4 weeks later.
- Catch-up vaccination:**
- Ensure that all school-aged children and adolescents have had 2 doses of MMR vaccine; the minimum interval between the 2 doses is 4 weeks.
10. **Varicella (VAR) vaccine. (Minimum age: 12 months)**
Routine vaccination:
- Administer a 2-dose series of VAR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose. If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
- Catch-up vaccination:**
- Ensure that all persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007; 56 [No. RR-4], available at <http://www.cdc.gov/mmwr/pdf/rr/r5604.pdf>) have 2 doses of varicella vaccine. For children aged 7 through 12 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons aged 13 years and older, the minimum interval between doses is 4 weeks.
11. **Hepatitis A (HepA) vaccine. (Minimum age: 12 months)**
Routine vaccination:
- Initiate the 2-dose HepA vaccine series at 12 through 23 months; separate the 2 doses by 6 to 18 months.
 - Children who have received 1 dose of HepA vaccine before age 24 months should receive a second dose 6 to 18 months after the first dose.
 - For any person aged 2 years and older who has not already received the HepA vaccine series, 2 doses of HepA vaccine separated by 6 to 18 months may be administered if immunity against hepatitis A virus infection is desired.
- Catch-up vaccination:**
- The minimum interval between the two doses is 6 months.
- Special populations:**
- Administer 2 doses of HepA vaccine at least 6 months apart to previously unvaccinated persons who live in areas where vaccination programs target older children, or who are at increased risk for infection. This includes persons traveling to or working in countries that have high or intermediate endemicity of infection; men having sex with men; users of injection and non-injection illicit drugs; persons who work with HAV-infected primates or with HAV in a research laboratory; persons with clotting-factor disorders; persons with chronic liver disease; and persons who anticipate close, personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity. The first dose should be administered as soon as the adoption is planned, ideally 2 or more weeks before the arrival of the adoptee.
12. **Human papillomavirus (HPV) vaccines. (Minimum age: 9 years for HPV2 [Cervarix] and HPV4 [Gardasil])**
Routine vaccination:
- Administer a 3-dose series of HPV vaccine on a schedule of 0, 1-2, and 6 months to all adolescents aged 11 through 12 years. Either HPV4 or HPV2 may be used for females, and only HPV4 may be used for males.
 - The vaccine series may be started at age 9 years.
 - Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose 24 weeks after the first dose and 16 weeks after the second dose (minimum interval of 12 weeks).
- Catch-up vaccination:**
- Administer the vaccine series to females (either HPV2 or HPV4) and males (HPV4) at age 13 through 18 years if not previously vaccinated.
 - Use recommended routine dosing intervals (see above) for vaccine series catch-up.
13. **Meningococcal conjugate vaccines. (Minimum age: 6 weeks for Hib-MenCY [MenHibrix], 9 months for MenACWY-D [Menactra], 2 months for MenACWY-CRM [Menveo])**
Routine vaccination:
- Administer a single dose of Menactra or Menveo vaccine at age 11 through 12 years, with a booster dose at age 16 years.
 - Adolescents aged 11 through 18 years with human immunodeficiency virus (HIV) infection should receive a 2-dose primary series of Menactra or Menveo with at least 8 weeks between doses.
 - For children aged 2 months through 18 years with high-risk conditions, see below.
- Catch-up vaccination:**
- Administer Menactra or Menveo vaccine at age 13 through 18 years if not previously vaccinated.
 - If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks between doses.
 - If the first dose is administered at age 16 years or older, a booster dose is not needed.
 - For other catch-up guidance, see Figure 2.
- Vaccination of persons with high-risk conditions and other persons at increased risk of disease:**
- Children with anatomic or functional asplenia (including sickle cell disease):
 - For children younger than 19 months of age, administer a 4-dose infant series of MenHibrix or Menveo at 2, 4, 6, and 12 through 15 months of age.
 - For children aged 19 through 23 months who have not completed a series of MenHibrix or Menveo, administer 2 primary doses of Menveo at least 3 months apart.
 - For children aged 24 months and older who have not received a complete series of MenHibrix or Menveo or Menactra, administer 2 primary doses of either Menactra or Menveo at least 2 months apart. If Menactra is administered to a child with asplenia (including sickle cell disease), do not administer Menactra until 2 years of age and at least 4 weeks after the completion of all PCV13 doses.
 - Children with persistent complement component deficiency:
 - For children younger than 19 months of age, administer a 4-dose infant series of either MenHibrix or Menveo at 2, 4, 6, and 12 through 15 months of age.
 - For children 7 through 23 months who have not initiated vaccination, two options exist depending on age and vaccine brand:
 - For children who initiate vaccination with Menveo at 7 months through 23 months of age, a 2-dose series should be administered with the second dose after 12 months of age and at least 3 months after the first dose.
 - For children who initiate vaccination with Menactra at 9 months through 23 months of age, a 2-dose series of Menactra should be administered at least 3 months apart.
 - For children aged 24 months and older who have not received a complete series of MenHibrix, Menveo, or Menactra, administer 2 primary doses of either Menactra or Menveo at least 2 months apart.
 - For children who travel to or reside in countries in which meningococcal disease is hyperendemic or epidemic, including countries in the African meningitis belt or the Hajj, administer an age-appropriate formulation and series of Menactra or Menveo for protection against serogroups A and W meningococcal disease. Prior receipt of MenHibrix is not sufficient for children traveling to the meningitis belt or the Hajj because it does not contain serogroups A or W.
 - For children at risk during a community outbreak attributable to a vaccine serogroup, administer or complete an age- and formulation-appropriate series of MenHibrix, Menactra, or Menveo.
 - For booster doses among persons with high-risk conditions, refer to *MMWR* 2013; 62(RR02);1-22, available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm>.
- Catch-up recommendations for persons with high-risk conditions:**
- If MenHibrix is administered to achieve protection against meningococcal disease, a complete age-appropriate series of MenHibrix should be administered.
 - If the first dose of MenHibrix is given at or after 12 months of age, a total of 2 doses should be given at least 8 weeks apart to ensure protection against serogroups C and Y meningococcal disease.
 - For children who initiate vaccination with Menveo at 7 months through 9 months of age, a 2-dose series should be administered with the second dose after 12 months of age and at least 3 months after the first dose.
 - For other catch-up recommendations for these persons, refer to *MMWR* 2013; 62(RR02);1-22, available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm>.

For complete information on use of meningococcal vaccines, including guidance related to vaccination of persons at increased risk of infection, see *MMWR* March 22, 2013; 62(RR02);1-22, available at <http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf>.

2014 Vacunas recomendadas para niños, desde el nacimiento hasta los 6 años de edad



NOTA:

Si su hijo no recibió una de las dosis, no se necesita volver a empezar, solo llévelo al pediatra para que le apliquen la siguiente. Consulte al médico de su hijo si tiene preguntas sobre las vacunas.

NOTAS A PIE DE PÁGINA:

* Se recomiendan dos dosis con un intervalo de por lo menos cuatro semanas para los niños de 6 meses a 8 años que reciben por primera vez la vacuna contra la influenza y para otros niños en este grupo de edad.

§ Se requieren 2 dosis de la vacuna HepA para brindar una protección duradera. La primera dosis de la vacuna HepA se debe administrar durante los 12 y los 23 meses de edad. La segunda dosis se debe administrar 6 a 18 meses después. La vacuna HepA se puede administrar a todos los niños de 12 meses de edad o más para protegerlos contra la hepatitis A. Los niños y adolescentes que no recibieron la vacuna HepA y tienen un riesgo alto, deben vacunarse contra la hepatitis A.

Si su niño tiene alguna afección que lo pone en riesgo de contraer infecciones o si va a viajar al extranjero, consulte al pediatra sobre otras vacunas que pueda necesitar.

MÁS INFORMACIÓN AL REVERSO SOBRE ENFERMEDADES PREVENIBLES CON LAS VACUNAS Y LAS VACUNAS PARA PREVENIRLAS.

Para más información, llame a la línea de atención gratuita
1-800-CDC-INFO (1-800-232-4636)
o visite
<http://www.cdc.gov/vaccines>



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



American Academy
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DEDICATED TO THE HEALTH OF ALL CHILDREN™

2014 Vacunas recomendadas para los niños de los 7 años hasta los 18 años de edad



Los casilleros sombreados de este color indican cuándo se recomienda la vacuna para todos los niños, a menos que su médico le indique que a su hijo no se le puede administrar la vacuna de manera segura.

Los casilleros sombreados de este color indican que se esta vacuna se le debe poner a los niños que se están poniendo al día con las vacunas que no se ha puesto.

Los casilleros sombreados de este color indican que la vacuna se recomienda para los niños que tienen ciertas afecciones de salud que los ponen en alto riesgo de contagiarse de enfermedades graves. Tenga en cuenta que los niños sanos se pueden poner la serie de las vacunas HepA6. Vea las recomendaciones específicas para cada vacuna en: www.cdc.gov/vaccines/pubs/ACIP-list.htm.

NOTAS A PIE DE PÁGINA

1. La vacuna Tdap es una vacuna combinada que se recomienda a los 11 o 12 años de edad para proteger contra el tétanos, la difteria y la pertusis. Si a su hijo no le han puesto ninguna vacuna de la serie DTaP, o si usted no sabe si a su niño le han puesto estas vacunas, su hijo necesita una sola dosis de la vacuna Tdap cuando tiene entre 7 a 10 años de edad. Converse con el proveedor médico de su niño para ver si necesita vacunas de actualización.
2. A todos los niños de 11 o 12 años de edad, tanto varones como mujeres, se les debe poner 3 dosis de la vacuna HPV para protegerlos contra enfermedades relacionadas con el HPV (Virus del papiloma humano). A las niñas y a las mujeres jóvenes se les puede poner cualquiera de las vacunas contra el HPV, ya sea Cervarix® o Gardasil®; a los niños y los hombres jóvenes se les puede poner solamente una vacuna contra el HPV, es decir, Gardasil®.
3. La vacuna meningocócica conjugada (MCV) se recomienda a la edad de 11 o 12 años. A los 16 años de edad se recomienda una vacuna de refuerzo. A los adolescentes que se les puso la vacuna MCV por primera vez entre los 13 y 15 años de edad se les tiene que poner una dosis de refuerzo entre los 16 y 18 años de edad. Si su adolescente no se puso la vacuna, pídale a su proveedor de salud que se la ponga ahora, especialmente si su adolescente está por mudarse a una residencia universitaria o barracas militares.
4. Todas las personas de 6 meses de edad en adelante, entre ellos, los preadolescentes y los adolescentes, deben ponerse una vacuna contra la influenza todos los años. Los niños menores de 9 años de edad podrían necesitar ponerse más de una dosis. Hable con el proveedor de salud de su niño para saber si necesita ponerse más de una dosis.
5. La vacuna antineumocócica conjugada 13-valente (PVC13) y la vacuna antineumocócica polisacárida 23-valente (PPSV23) están recomendadas para algunos niños de entre 6 y 18 años que poseen ciertas afecciones médicas que los ponen en riesgo de contraer esta enfermedad. Consulte a su proveedor de atención médica sobre las vacunas antineumocócicas y qué factores pueden poner en riesgo a su hijo de contraer una enfermedad neumocócica.
6. La vacuna contra la hepatitis A se recomienda para los niños mayores que tienen ciertas condiciones médicas que los ponen en mayor riesgo. La vacuna HepA está autorizada, es segura y eficaz para niños de todas las edades. Incluso si su niño no se encuentra en alto riesgo de contagiarse de esta enfermedad, usted podría desear proteger a su hijo contra la HepA. Converse con su proveedor médico sobre la vacuna HepA y sobre qué factores podrían poner a su niño en mayor riesgo de contraer la HepA.

Para obtener mayor información, llame gratuitamente al 1-800-CDC-INFO (1-800-232-4636) o visite el sitio web: <http://www.cdc.gov/vaccines/teens>



U.S. Department of Health and Human Services
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AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

2014 Binational Immunization Resource Tool for Children from Birth Through 18 Years

Vaccine doses administered in Mexico may be counted as valid in the United States (including vaccines not licensed for use in the U.S.) if the dose or doses are documented in writing (including the date) of administration and comply with the minimum intervals and minimum ages as recommended by the Advisory Committee on Immunization Practices. See <http://www.cdc.gov/vaccines/schedules/downloads/child/mmwr-child-schedule.pdf>.

MEXICO

Vaccines for Infants and Adolescents

USA

DOSES RECOMMENDED BY AGE		DISEASES	DOSES RECOMMENDED BY AGE					
	Antihepatitis B at birth, 2, 6 months ¹	Hepatitis B	HepB birth, 2, 6 through 18 months	Comvax 2, 4, 12 through 15 months	Pediarix 2, 4, 6 months			
	Pentavalente Acelular ⁴ 2, 4, 6, 18 months	H. influenzae type b	Hib 2, 4, 6 ⁵ , 12 through 15 months		Pentacel 2, 4, 6, 15 through 18 months			
Td 10-12 years	DPT 4 through 6 years	Meningococcal (Private sector only in Mexico)	MCV4 2 months through 10 years (high-risk) 11 through 12 years, 16 years	Tdap 11 through 12 years (required in many states for 7th grade entry)**	HibMenCY 2 through 15 months (high-risk)			
		Tosferina / Pertussis	DTaP 2, 4, 6, 12 through 18 months, 4 through 6 years		Pediarix 2, 4, 6 months	Pentacel 2, 4, 6, 15 through 18 months	Kinrix 4 through 6 years	
		Difteria / Diphtheria	Tétanos / Tetanus					
	Sabin (OPV) 2 doses per year ³ , from 6 to 59 months of age (administered during National Health Weeks)	Poliomielitis / Polio	IPV 2, 4, 6 through 18 months, 4 through 6 years					
Vacunas Combinadas/ Vaccination Combinations Triple Viral SRP = MMR ⁴ Pentavalente Acelular = DTaP + IPV + Hib (August 2007 to present) Pentavalente = DPT + Hib + HepB (Prior to July 2007)		Rotateq 2, 4, 6 months	Rotavirus	RotaTeq 2, 4, 6 months or Rotarix 2, 4 months	Vaccination Combinations Pediarix = DTaP-HepB-IPV MenHibrix = Hib-MenCY Comvax = Hib-HepB ProQuad = MMRV Pentacel = DTaP-IPV/Hib Kinrix = DTaP-IPV			
		Neumocócica Conjugada (PCV13) 2, 4 months 12 through 15 months	Neumococo / Pneumococcal	PCV13 2 months through 18 years (high-risk)			PPSV23 2 through 18 years (high risk)	
		Influenza (yearly) 6 through 59 months, 60 months through 9 years (high risk only)	Influenza	Influenza* (yearly) 6 months or older				
		SR 11 years	Sarampión / Measles	MMR 12 through 15 months, 4 through 6 years			FOOTNOTES [*] Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time or who did not receive two doses of vaccine previously, at least one of which a dose of seasonal vaccine containing the 2009(H1N1) strain. ^{**} For a listing of Tdap requirements for secondary schools, visit http://www.immunize.org/laws/tdap.asp . Some children who were lapsed may have received a dose of Tdap at ages 7 through 10 years. ⁵ Depending on which Hib vaccine is used, a child may not need the dose at 6 months of age.	
			Rubéola / Rubella	MMRV 12 through 15 months, 4 through 6 years				
			Parotiditis / Mumps	Varicella 12 through 15 months, 4 through 6 years				
			Varicela / Varicella	HepA 12, 18 months				
		Triple Viral SRP 12 months, 6 years	Hepatitis A	HPV 11 through 18 years (3 doses)				
		Varicela 12 months, 4-6 years ²	Virus del Papiloma Humano / Human Papillomavirus					
		Antihepatitis A 12 months ²						
	HPV 9 through 12 years (3 doses) (girls only)							
	BCG at birth	Tuberculosis (Not offered in the U.S.)						

FOOTNOTES

¹ For those who have not had the full series by age 11 years, give two doses 1 month apart at 11 years

² Offered to high-risk groups only

³ Administered after at least 2 doses of IPV (Pentavalente)

See back for immunization tool protocol and translation of common terms

7.2 TEXAS MINIMUM STATE VACCINE REQUIREMENTS FOR CHILD-CARE FACILITIES



2014-2015 Texas Minimum State Vaccine Requirements for Child-Care Facilities

This chart summarizes the vaccine requirements incorporated in Title 25 Health Services, §§97.61-97.72 of the Texas Administrative Code (TAC). This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services is granted authority to set immunization requirements by the Human Resources Code, Chapter 42.

Age at which child must have vaccines to be in compliance:	Minimum Number of Doses Required of Each Vaccine							
	DTaP	Polio	HepB	Hib	PCV	MMR	Varicella	HepA
0 through 2 months	None	None	None	None	None	None	None	None
By 3 months	1 Dose	1 Dose	1 Dose	1 Dose	1 Dose	None	None	None
By 5 months	2 Doses	2 Doses	2 Doses	2 Doses	2 Doses	None	None	None
By 7 months	3 Doses	2 Doses	2 Doses	2 Doses**	3 Doses***	None	None	None
By 16 months	3 Doses	2 Doses	2 Doses	3 Doses**	4 Doses***	1 Dose*	1 Dose*	None
By 19 months	4 Doses	3 Doses	3 Doses	3 Doses**	4 Doses***	1 Dose*	1 Dose*	None
By 25 months	4 Doses	3 Doses	3 Doses	3 Doses**	4 Doses***	1 Dose*	1 Dose*	1 Dose*
By 43 months	4 Doses	3 Doses	3 Doses	3 Doses**	4 Doses***	1 Dose*	1 Dose*	2 Doses*

* For MMR, Varicella, and Hepatitis A vaccines, the first dose must be given on or after the first birthday.

** A complete Hib series is two doses **plus** a booster dose on or after 12 months of age (three doses total). If a child receives the first dose of Hib vaccine at 12-14 months of age, only one additional dose is required (two doses total). Any child who has received a single dose of Hib vaccine on or after 15 months of age is in compliance with these specified vaccine requirements.

2014-2015 Texas Minimum State Vaccine Requirements for Child-Care Facilities

*** If the PCV series is started when a child is seven months of age or older or the child is delinquent in the series, then all four doses may not be required.

Please reference the information below to assist with compliance:

- For children seven through 11 months of age, two doses are required.
- For children 12-23 months of age: if three doses have been received prior to 12 months of age, then an additional dose is required (total of four doses) on or after 12 months of age. If one or two doses were received prior to 12 months of age, then a total of three doses are required with at least one dose on or after 12 months of age. If zero doses have been received, then two doses are required with both doses on or after 12 months of age.
- Children 24 months through 59 months meet the requirement if they have at least three doses with one dose on or after 12 months of age, or two doses with both doses on or after 12 months of age, or one dose on or after 24 months of age. Otherwise, one additional dose is required.

Vaccines:

DTaP: Diphtheria, tetanus, and pertussis (whooping cough); record may show DT or DTP

IPV: Inactivated Polio virus

Hib: *Haemophilus influenzae* type b vaccine

MMR: Measles, mumps, and rubella vaccines combined

HepB: Hepatitis B vaccine

HepA: Hepatitis A vaccine

Varicella: Chickenpox vaccine

PCV: Pneumococcal conjugate vaccine



Requisitos de vacunación mínimos estatales de Texas de 2014-2015 para guarderías

Este gráfico resume los requisitos de vacunación incorporados en el título 25, Servicios de Salud, §§97.61-97.72, del Código Administrativo de Texas (o TAC). El gráfico no tiene como propósito sustituir las consultas al TAC, el cual contempla otras disposiciones y detalles. El Código de Recursos Humanos, capítulo 42, concede la autoridad de establecer requisitos de inmunización al Departamento Estatal de Servicios de Salud de Texas.

Edad en la que el niño debe vacunarse para estar en cumplimiento a los requisitos:	Número mínimo de dosis requeridas de cada vacuna							
	DTaP	Polio	HepB	Hib	PCV	MMR	Varicela	HepA
0 a 2 meses	Ninguno	Ninguno	Ninguno	Ninguno	Ninguno	Ninguno	Ninguno	Ninguno
Antes de los 3 meses	1 dosis	1 dosis	1 dosis	1 dosis	1 dosis	Ninguno	Ninguno	Ninguno
Antes de los 5 meses	2 dosis	2 dosis	2 dosis	2 dosis	2 dosis	Ninguno	Ninguno	Ninguno
Antes de los 7 meses	3 dosis	2 dosis	2 dosis	2 dosis**	3 dosis***	Ninguno	Ninguno	Ninguno
Antes de los 16 meses	3 dosis	2 dosis	2 dosis	3 dosis**	4 dosis***	1 dosis*	1 dosis*	Ninguno
Antes de los 19 meses	4 dosis	3 dosis	3 dosis	3 dosis**	4 dosis***	1 dosis*	1 dosis*	Ninguno
Antes de los 25 meses	4 dosis	3 dosis	3 dosis	3 dosis**	4 dosis***	1 dosis*	1 dosis*	1 dosis*
Antes de los 43 meses	4 dosis	3 dosis	3 dosis	3 dosis**	4 dosis***	1 dosis*	1 dosis*	2 dosis*

* Para las vacunas de MMR, de varicela, y de hepatitis A, debe administrarse la primera dosis en o después del primer cumpleaños.

** Una serie completa de Hib consiste en dos dosis **más** una dosis de refuerzo en o después de los 12 meses de edad (tres dosis en total). Si los niños reciben la primera dosis de la vacuna Hib de los 12-14 meses de edad, se requiere sólo una dosis adicional (dos dosis en total). Los niños que han recibido una dosis única de la vacuna Hib en o después de los 15 meses de edad cumplen con estos requisitos de vacunación especificados.

Requisitos de vacunación mínimos estatales de Texas de 2014-2015 para guarderías

- *** Si se empieza la serie de PCV cuando los niños tienen siete meses de edad o más o el niño no está al día en la serie, entonces todas las cuatro dosis podrían no requerirse. Consulte la información a continuación para ayudarse a estar en cumplimiento:
- Para los niños de siete a 11 meses de edad, se requieren dos dosis.
 - Para los niños de 12-23 meses de edad: si han recibido tres dosis antes de los 12 meses de edad, se requiere una dosis adicional (un total de cuatro dosis) en o después de los 12 meses de edad. Si recibieron una o dos dosis antes de los 12 meses de edad, se requiere un total de tres dosis con al menos una dosis en o después de los 12 meses de edad. Si han recibido cero dosis, se requieren dos dosis con ambas dosis en o después de los 12 meses de edad.
 - Los niños de 24 meses a 59 meses de edad cumplen con el requisito si llevan al menos tres dosis con una dosis en o después de los 12 meses de edad, o dos dosis con ambas dosis en o después de los 12 meses de edad, o una dosis en o después de los 24 meses de edad. De lo contrario, se requiere una dosis adicional.

Vacunas:

DTaP: Difteria, tétanos y pertusis (tos ferina); el registro podría mostrar DT o DTP

IPV: Virus inactivado de polio

Hib: Vacuna contra la *Haemophilus influenzae* tipo b

MMR: Vacunas contra el sarampión, las paperas y la rubéola combinadas

Hep B: Vacuna contra la hepatitis B

Hep A: Vacuna contra la hepatitis A

Varicela: Vacuna contra la varicela

PCV: Vacuna neumocócica conjugada

7.3 TEXAS MINIMUM STATE VACCINE REQUIREMENTS FOR STUDENTS GRADE K-12

2014-2015 Texas Minimum State Vaccine Requirements for Students Grades K-12



This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, Sections 97.61 to 97.72. This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. [Click here for complete TAC language.](#)

The Department of State Health Services (DSHS) is granted authority to set immunization requirements by the Texas Education Code, Chapter 38, Health & Safety, Subchapter A, General Provisions.

IMMUNIZATION REQUIREMENTS

A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private elementary or secondary school in Texas.

Vaccine Required (Attention to notes and footnotes)	Minimum Number of Doses Required by Grade Level				NOTES
	K – 5 th	6 th	7 th	8 th - 12 th	
Diphtheria/Tetanus/Pertussis (DTaP/DTP/DT/Td/Tdap) ¹	5 doses or 4 doses		3 dose primary series and 1 Tdap/Td booster <i>within last 5 years</i>	3 dose primary series and 1 Tdap/Td booster <i>within last 10 years</i>	<p>For K - 6th grade: 5 doses of diphtheria-tetanus-pertussis vaccine; 1 dose must have been received on or after the 4th birthday. However, 4 doses meet the requirement if the 4th dose was received on or after the 4th birthday. For students aged 7 years and older, 3 doses meet the requirement if 1 dose was received on or after the 4th birthday.</p> <p>For 7th grade: 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-containing vaccine.</p> <p>For 8th - 12th grade: 1 dose of Tdap is required when 10 years have passed since the last dose of tetanus-containing vaccine. Td is acceptable in place of Tdap if a medical contraindication to pertussis exists.</p>
Polio ¹	4 doses or 3 doses				<p>For K – 12th grade: 4 doses of polio; 1 dose must be received on or after the 4th birthday. However, 3 doses meet the requirement if the 3rd dose was received on or after the 4th birthday.</p>
Measles, Mumps, and Rubella ^{1,2} (MMR)	2 doses of MMR	2 doses of measles and 1 dose each of rubella and mumps vaccine			<p>The 1st dose of MMR must be received on or after the 1st birthday.</p> <p>For K – 5th grade: 2 doses of MMR are required.</p> <p>For 6th - 12th grade: 2 doses of a measles-containing vaccine, and 1 dose each of rubella and mumps vaccine is required.</p>
Hepatitis B ²	3 doses				<p>For students aged 11 - 15 years, 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax[®]) was received. Dosage and type of vaccine must be clearly documented. Two (2) 10 mcg/1.0 ml doses of Recombivax[®]. If Recombivax[®] is not the vaccine received, a 3-dose series is required.</p>
Varicella ^{1,2,3}	2 doses	1 dose	2 doses		<p>The 1st dose of varicella must be received on or after the 1st birthday.</p> <p>For K – 5th and 7th - 12th grade: 2 doses are required.</p> <p>For 6th grade: 1 dose is required.</p> <p>For any student who receives the 1st dose on or after 13 years of age, 2 doses are required.</p>
Meningococcal				1 dose	<p>For 7th – 12th grade: 1 dose required.</p>
Hepatitis A ^{1,2}	2 doses				<p>The 1st dose of hepatitis A must be received on or after the 1st birthday.</p>

¹ Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.

² Serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella or serologic evidence of infection is acceptable in place of vaccine.

³ Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." This written statement will be acceptable in place of any and all varicella vaccine doses required.

Exemptions

The law allows (a) physicians to write a statement stating that the vaccine(s) required would be medically harmful or injurious to the health and well-being of the child or household member, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (for example, a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). Schools and child-care facilities should maintain an up-to-date list of students with exemptions, so they may be excluded in times of emergency or epidemic declared by the commissioner of public health.

Instructions for requesting the official exemption affidavit that must be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief, can be found at www.ImmunizeTexas.com. Original Exemption Affidavit must be completed and submitted to the school or child-care facility.

For children claiming medical exemptions, a written statement by the physician must be submitted to the school or child-care facility.

Provisional Enrollment

All immunizations should be completed by the first date of attendance. The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

Documentation

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel has validated it. The month, day, and year that the vaccination was received must be recorded on all school immunization records created or updated after September 1, 1991.



Requisitos de vacunación mínimos estatales de Texas de 2014-2015 para estudiantes de kínder-12.º grado



Este gráfico resume los requisitos de vacunación incorporados en el Código Administrativo de Texas (o TAC), título 25, Servicios de salud, Secciones 97.61 a 97.72. El gráfico no tiene como propósito sustituir las consultas al TAC, el cual contempla otras disposiciones y detalles. [Haga clic aquí para obtener el texto completo del TAC.](#)

El Código Educativo de Texas, capítulo 38, Salud y Seguridad, subcapítulo A, Disposiciones Generales, concede la autoridad de establecer requisitos de inmunización al Departamento Estatal de Servicios de Salud de Texas (o DSHS).

REQUISITOS DE INMUNIZACIÓN

Los estudiantes deberán mostrar comprobantes de vacunación aceptables antes de entrar, asistir o ser transferidos a una guardería o escuela primaria o secundaria pública o privada de Texas.

Vacuna requerida (Vea las notas y las notas de pie de página)	Número mínimo de dosis requeridas por grado escolar				NOTAS
	Kínder - 5.º	6.º	7.º	8.º - 12.º	
Difteria, tétanos y pertusis (DTaP, DTP, DT, Td, Tdap) ¹	5 dosis o 4 dosis		Serie primaria de 3 dosis y 1 dosis de refuerzo de la vacuna Tdap o Td <i>en los últimos 5 años</i>	Serie primaria de 3 dosis y 1 dosis de refuerzo de la vacuna Tdap o Td <i>en los últimos 10 años</i>	<p>Para el kínder - 6.º grado: 5 dosis de la vacuna contra la difteria, el tétanos y la pertusis; Debe haberse recibido 1 dosis en o después del 4.º cumpleaños. Sin embargo, con 4 dosis cumplen con el requisito si recibieron la 4.ª dosis en o después del 4.º cumpleaños. Para los estudiantes de 7 años de edad o más, con 3 dosis cumplen con el requisito si recibieron 1 dosis en o después del 4.º cumpleaños.</p> <p>Para el 7.º grado: Se requiere 1 dosis de la vacuna Tdap si han pasado al menos 5 años desde la última dosis de una vacuna que contenga tétanos.</p> <p>Para los grados de 8.º - 12.º: Se requiere 1 dosis de la vacuna Tdap si han pasado 10 años desde la última dosis de una vacuna que contenga tétanos. La vacuna Td es aceptable en lugar de la vacuna Tdap si existe una contraindicación médica para la vacuna contra la pertusis.</p>
Polio ¹	4 dosis o 3 dosis				<p>Para el kínder - 12.º grado: 4 dosis de la vacuna contra la polio; debe recibirse 1 dosis en o después del 4.º cumpleaños. Sin embargo, con 3 dosis cumplen con el requisito si la 3.ª dosis se recibió en o después del 4.º cumpleaños.</p>
Sarampión, paperas y rubéola (MMR) ^{1,2}	2 dosis MMR	2 dosis de una vacuna que contenga sarampión, una dosis de la vacuna contra la rubéola y una dosis de la vacuna contra las paperas.			<p>La 1.ª dosis de la vacuna MMR debe recibirse en o después del 1.º cumpleaños.</p> <p>Para el kínder - 5.º grado: Se requieren 2 dosis de la vacuna MMR.</p> <p>Para los grados de 6.º - 12.º: Se requieren 2 dosis de una vacuna que contenga sarampión, una dosis de la vacuna contra la rubéola y una dosis de la vacuna contra las paperas.</p>
Hepatitis B ²	3 dosis				<p>Para los estudiantes de 11 a 15 años de edad, con 2 dosis cumplen con el requisito si recibieron la vacuna contra la hepatitis B para adultos (Recombivax®). Deben documentarse claramente la dosis y el tipo de vacuna. Dos (2) dosis de 10 mcg/1.0 ml de Recombivax®. Si la vacuna que se recibió no es Recombivax®, se requiere una serie de 3 dosis.</p>
Varicela ^{1,2,3}	2 dosis	1 dosis	2 dosis		<p>La 1.ª dosis de la vacuna contra la varicela debe recibirse en o después del 1.º cumpleaños.</p> <p>Para los grados de kínder - 5.º y de 7.º - 12.º: Se requieren 2 dosis.</p> <p>Para el 6.º grado: Se requiere 1 dosis.</p> <p>Para todos los estudiantes que reciban la 1.ª dosis al cumplir 13 años de edad o después, se requieren 2 dosis.</p>
Meningocócica				1 dosis	
Hepatitis A ^{1,2}	2 dosis				La 1.ª dosis de hepatitis A debe recibirse en o después del 1.º cumpleaños.

¹ Recibir la dosis hasta (e inclusive) 4 días antes del cumpleaños satisfará el requisito de inmunización para entrar a la escuela.

² La confirmación serológica de la inmunidad al sarampión, las paperas, la rubéola, la hepatitis B, la hepatitis A o la varicela o la evidencia serológica de infección son aceptables en lugar de la vacuna.

³ La enfermedad previa puede documentarse con una declaración escrita de un médico, una enfermera escolar o el padre o tutor del niño que diga algo como: "Esto es para verificar que (nombre del estudiante) tuvo varicela el (fecha) o por esa fecha y no necesita la vacuna contra la varicela". Dicha declaración escrita será aceptable en lugar de todas las dosis requeridas de la vacuna contra la varicela.

Exenciones

La ley permite que (a) los médicos redacten una declaración en la que expongan que la vacuna o vacunas requeridas serían médicamente dañinas o perjudiciales para la salud y el bienestar del niño o de una persona que vive en la casa y que (b) los padres o tutores elijan una exención de los requisitos de inmunización por razones de conciencia, incluso creencias religiosas. La ley no permite que los padres o tutores elijan una exención simplemente por inconveniencia (por ejemplo, si se pierde un registro o éste está incompleto y sería mucha molestia ir con un médico o clínica para corregir el problema). Las escuelas y las guarderías deben mantener una lista actualizada de los estudiantes con exenciones, de forma que se les pueda excluir durante emergencias o epidemias declaradas por el director de salud pública.

Encontrará instrucciones para solicitar la declaración jurada de exención oficial que debe ser firmada por los padres o tutores que elijan la exención por razones de conciencia, incluso creencias religiosas, en www.ImmunizeTexas.com. La declaración jurada de exención original debe rellenarse y presentarse a la escuela o guardería.

En el caso de los niños que soliciten exenciones médicas, deben presentar una declaración escrita del médico a la escuela o guardería.

Inscripción provisional

Todas las inmunizaciones se deben finalizar antes de la primera fecha de asistencia. La ley exige que los estudiantes estén completamente vacunados contra las enfermedades señaladas. Un estudiante se puede inscribir provisionalmente si el estudiante cuenta con registro de inmunización que indique que el estudiante ha recibido al menos una dosis de cada vacuna apropiada para la edad específica que esta regla exija. Para seguir inscrito, el estudiante debe completar las dosis posteriores requeridas de cada serie de vacunas conforme al calendario y tan rápidamente como sea médicamente posible y proveer comprobante suficiente de la vacunación a la escuela. Una enfermera escolar o un administrador escolar revisará el estado de inmunización de un estudiante inscrito provisionalmente cada 30 días para garantizar el cumplimiento ininterrumpido en la finalización de las dosis de vacunas requeridas. Si, al final del periodo de 30 días, un estudiante no ha recibido una dosis posterior de la vacuna, el estudiante no está cumpliendo y la escuela excluirá al estudiante para que no asista a la escuela hasta que se administre la dosis requerida.

Documentación

Dado que se usan muchos tipos de registros de inmunización personales, cualquier documento es aceptable si un médico o el personal de salud pública lo ha validado. Debe registrarse el mes, día y año en que se recibió la vacuna en todos los registros de inmunización escolares creados o actualizados después del 1 de septiembre de 1991.



Texas Department of State Health Services • Immunization Branch • MC-1946 • P O Box 149347 • Austin, TX 78714-9347 • (800) 252-9152

7.4 CHILD-CARE LICENSING CONTACT INFORMATION

CHILD-CARE LICENSING – NORTHWEST DISTRICT (Regions 1, 2, 7, 9)

District Director: Lou Mar Guerard
Secretary: Shirley Berkey

14000 Summit Drive, Suite 100
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512-834-3184
 512-834-3185
 M.C. 016-5
 FAX 512-339-5911

Melissa McClung - Program Manager
 801 Austin Avenue (76701)

254-750-9374
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 M.C. 942-1

Office Location	(Region)	M.C.	Phone #	Fax #	Supervisor
3521 S. W. 15 th Ave. Amarillo , TX 79102	(1)	005-1	806-354-5307	432-684-2917	Carol Herman 806-354-5300
5121 69 th St., A4 Lubbock , TX 79424	(1)	218-6	806-698-5510	432-684-2917	Virginia Causer 806-698-5502
2907 W. 7 th St. Plainview , TX 79072	(1)	260-7	806-296-3159	432-684-2917	(Virginia Causer- Lubbock)
3610 Vine St. Abilene , TX 79602	(2)	001-7	325-691-8232	432-684-2918	Vacant 325-691-8233
* 2400 Crockett Dr., Ste. 100 Brownwood , TX 76801 (Mobile Unit)	(2)	048-1	Refer to Abilene 325-691-8232	432-686-1161	(Vacant -Abilene)
* 114 Needham Coleman , TX 76834 (Mobile Unit)	(2)	748-1	Refer to Abilene 325-691-8232	432-684-2926	(Jennifer McDougall -Odessa)
* 1202 Packinghouse Rd. Graham , TX 76450 (Mobile Unit)	(2)	154-7	Refer to Abilene 325-691-8232	432-686-1162	(Vacant -Abilene)
* 115 W. Morris Seymour , TX 76380 (Mobile Unit)	(2)	296-1	Refer to Abilene 325-691-8232	432-686-1159	(Vacant -Abilene)
* 925 Lamar, Ste. 1800 Wichita Falls , TX 76301 (Mobile Unit)	(2)	378-2	Refer to Abilene 325-691-8232	432-686-1164 432-686-1158	(Vacant -Abilene)
14000 Summit Dr., Ste. 100 Austin , TX 78728	(7)	016-5	512-834-3426	512-339-5911	Dana Perez 512-834 3202 Shayla Reed 512-834-3230
1340 Airport Commerce Dr. Austin , TX 78741	(7)	021-4	512-369-7000	512-339-5911	Dana Perez 512-834-3202 Shayla Reed 512-834-3230 Berna Miranda 512-369-7139

Office Location	(Region)	M.C.	Phone #	Fax #	Supervisor
2500 N. Main, Ste. B Belton, TX 76513 (Mobile Unit)	(7)	359-1	254-939-3561	512-339-5952	(Debra Perry -Waco)
3000 E. Villa Maria Bryan, TX 77803	(7)	733-1	512-834-3426	512-339-5911	Berna Miranda 512-369-7139
405 E. Elms Rd. Killeen, TX 76542	(7)	830-2	254-526-9011	512-339-5952	(Debra Perry -Waco)
1901 Dutton Drive San Marcos, TX 78666	(7)	910-1	512-753-2256	512-353-8436	Berna Miranda 512-369-7139
801 Austin Avenue (76701) P.O. Box 977 Waco, TX 76703-0977 (Mobile Unit)	(7)	942-1	254-750-9336	512-339-5952	Debra Perry 243-750-9329
* 516 Veteran's Airpark Ln., Bldg. B Midland, TX 79705 (Mobile Unit)	(9)	235-8	Refer to Odessa 432-368-2693	432-684-2926	(Jennifer McDougall -Odessa)
2525 N. Grandview, Ste. 100 Odessa, TX 79761	(9)	366-1	432-368-2693	432-684-2926	Jennifer McDougall 432-368-2477
* 622 South Oaks, Ste. L San Angelo, TX 76903 (Mobile Unit)	(9)	344-1	Refer to Odessa 432-368-2693	432-684-2926	(Jennifer McDougall -Odessa)

* **Mobile Office**

CHILD-CARE LICENSING – NORTHEAST DISTRICT (Regions 3, 4)

District Director: Kerri Fowler

817-792-4538

Secretary: Vickie Polk

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1200 Copeland Road, Suite 400
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Connie Presley - Program Manager

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Denetra Adams - Program Manager

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Office Location	(Region)	M.C.	Phone #	Fax #	Supervisor
8700 N. Stemmons Fwy., Ste. 104 Dallas, TX 75247	(3)	088-6	800-582-6036 214-583-4253	817-276-3914 817-276-3912	Georgia Traylor 4033 Kim Davis 4030 Sonya Evans 4034 Paula Morris 214-689-7309 Robert Olivas 214-689-7334
2000 W. Business 380 Decatur, TX 76234-0991	(3)	099-1	940-627-2188 Ext. 207	817-276-3913	Jo Anne Robinson -Denton
535 S. Loop 288, Ste. 2001 Denton, TX 76205	(3)	347-1	940-381-3400	817-276-3913	Jo Anne Robinson -Denton
1501 Circle Dr., Ste. 310 Ft. Worth, TX 76119	(3)	012-1	817-321-8604 800-582-8286	817-276-3913 817-276-3914	Kathy Adams 8613 Debra M. Rivers 8610 Andrea Rickard 8651
1430 Southtown Dr. Granbury, TX 76048-2663	(3)	155-5	817-573-8612 Ext. 227	817-276-3913	Kathy Adams -Fort Worth
550 E. 15 th St., Ste. 120 Plano, TX 75074	(3)	001-8	469-229-6900 Ext 6901	817-276-3914	Alex Garcia 469-229-6929
208 YMCA Dr. Waxahachie, TX 75165	(3)	327-2	972-937-0892	817-276-3913	Kim Davis -Dallas
2130 Alpine Rd. Longview, TX 75601-3401	(4)	216-1	903-233-5237	903-233-5201	Tina Freeman 903-233-5301
1400 W. College St., Ste. 117 Sulphur Springs, TX 75482-3431	(4)		903-439-9244	817-276-3992	Tina Freeman - Longview
3115 South Lake Dr., Ste. 120 P.O. Box 6107 Texarkana, TX 75501	(4)	311-1	903-791-3406	903-791-3262	Tina Freeman - Longview
3303 Mineola Highway Tyler, TX 75702	(4)	313-7	Refer to Longview 903-233-5237	903-533-4141	Tina Freeman - Longview

CHILD-CARE LICENSING – SOUTHEAST DISTRICT (Regions 5, 6)

District Director: Christina Harvey
Secretary: Maida Chapa

2221 West Loop South
 Houston, TX 77027

713-940-5102
 713-940-3096

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285 Liberty Beaumont, TX 77701	(5)	028-1	409-951-3303	409-951-3309	Dawn Stanley 409-951-3302
1210 South Chestnut Lufkin, TX 75901	(5)	220-1	936-633-3745	713-928-7679	(Stanley- Beaumont)

Program Administrator
Southeast District
Isioma Uzomah

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P.O. Box 16017 (77222) 2221 West Loop South Houston, TX 77027	(6)	182-6	713-940-3009	713-928-7645	Kathleen Andrews 5265 Unit 14 Lalah Ash 5262 Unit 17 Karen Johnson- O'Neal 5232 Unit 18 Cynthia Vela 5289 Unit 11

Program Administrator
Southeast District
Kelley Wyatt

713-940-3058

Office Location	(Region)	M.C.	Phone #	Fax #	Supervisor
P.O. Box 16017 (77222) 2221 West Loop South Houston, TX 77027	(6)	182-6	713-940-3009	713-928-7645	Ramona Burton 5123 Unit 13 Kristin Grether 5282 Unit 16 Karin Holmes 5264 Unit 15 Charlene Warfield 3090 Unit 12 Lupe Zayas 5263 Unit 19

Office Location	(Region)	M.C.	Phone #	Fax #	Supervisor
1504 E Mulberry Angleton, TX 77515	(6)	009-1	979-864-1428	979-849-8790	(Karen Johnson-O'Neal-Houston)
2017 N. Frazier, Ste. C-1 Conroe, TX 77301	(6)	071-3	936-756-1551	936-525-2115	(Cynthia Vela-Houston)
123 Rosenberg, Ste. 500 Galveston, TX 77550	(6)	384-1	409-766-5967	713-928-7644	(Karen Johnson-O'Neal-Houston)
1110 Avenue G Rosenberg, TX 77471	(6)	270-6	832-595-3000	281-342-2835	(Kristin Grether-Houston)

CHILD-CARE LICENSING – SOUTHWEST DISTRICT (Regions 8, 10, 11)

District Director: Adriene Driggers
Secretary: Raquel Botello

210-337-3490
 210-337-3277

P.O. Box 23990,
 San Antonio, TX 78223-0990
 3635 SE Military Dr. (78223)

M.C. 278-5
 FAX 210-304-7710

Program Administrator
Southwest District
Roberta (Yvette) Gutierrez

210-304-3863

3635 SE Military Dr. (78223)
 San Antonio, TX 78223-0990

M.C. 278-5
 FAX 210-304-7710

Office Location	(Region)	M.C.	Phone #	Fax #	Supervisor
661 10 th St. Floresville, TX 78114	(8)	125-1	830-393-5423 830-391-5508	210-304-7711	(Hilda O'Burke -San Antonio)
*819 Water St., Ste. 230 Kerrville, TX 78028 (Mobile Unit)	(8)	363-1	Refer to San Antonio 210-337-3399	210-648-2935	(Stephanie Dufallo -San Antonio)
115 E. Green Valley New Braunfels, TX 78130	(8)	247-1	830-608-3248	210-304-7711	(Claudia Medina -San Antonio) Dawn Shewbart
3635 SE Military Dr. (78223) P.O. Box 23990 San Antonio, TX 78223-0990	(8)	278-5	210-337-3399	210-304-7711	Claudia Medina 337-3367 Stephanie Dufallo 337-3254 Sharon Bolter 337-3247 Hilda O'Burke 337-3121
612 Jefferson Ave. Seguin, TX 78155	(8)	289-1	830-401-5748	210-304-7711	(Claudia Medina -San Antonio)
2201 E. Main St., 2 Uvalde, TX 78801	(8)	317-1	830-591-4341 830-591-4343	830-278-1583	(Sharon Bolter -San Antonio)
*1502 E. Airline, Ste. 13A (77901) P.O. Box 3910 Victoria, TX 77903-3910 (Mobile Unit)	(8)	319-2	Refer to San Antonio 210-337-3399	210-648-2936 210-648-2940	(Sylvia Fuentes -Corpus Christi)
401 E. Franklin, Ste. 350 El Paso, TX 79901	(10)	None	915-834-5739 Route "All" Mail to Franklin Address	432-684-2919	Celeste Parrott 915-834-5730

Office Location	(Region)	M.C.	Phone #	Fax #	Supervisor
*135 E. Highway 83 Alamo, TX 78516 (Mobile Unit)	(11)	337-2	Refer to Edinburg 956-316-8275	210-648-9779	(Lourdes Rodriguez -Harlingen)
*1000 E. Price Rd. Brownsville, TX 78520 (Mobile Unit)	(11)	046-8	Refer to Edinburg 956-316-8275	210-648-9776 210-648-9788	(Lourdes Rodriguez -Harlingen)
5155 Flynn Pky., Ste. 451 Corpus Christi, TX 78411	(11)	073-4	361-878-3451	210-304-7776	Sylvia Fuentes 361-878-3421
2520 S. Veterans Blvd. Edinburg, TX 78539	(11)	108-7	956-316-8275	210-304-7776	Sigifredo Garcia 956-316-8757
601 W. Sesame Dr. Harlingen, TX 78550-5073	(11)	604-7	Refer to Edinburg 956-316-8275	956-444-3290 210-304-7776	Lourdes Rodriguez 956-444-3273
*1413 E. Corral Kingsville, TX 78363 (Mobile Unit)	(11)	194-1	Refer to Corpus Christi 361-878-3451	210-648-9778	(Hilda O'Burke -San Antonio)
*1500 N. Arkansas Laredo, TX 78043 (Mobile Unit)	(11)	203-5	Refer to San Antonio 210-337-3399	956-794-6363	(Sharon Bolter -San Antonio)

* **Mobile Office**

7.6 VACCINE PRODUCTS

VACCINE PRODUCT NAMES AND EQUIVALENCIES

Often vaccines will be recorded by the product name or trade name, rather than the product type. The following website lists the trade name for many commonly used vaccines. This list is not exhaustive and some vaccines listed may no longer be available.

Refer to the U.S. Food and Drug Administration's (FDA) website for the most current list of vaccines licensed for immunization and distribution in the U.S.

<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833>

7.7 LIST OF STANDARDS FOR CHILD AND ADOLESCENT IMMUNIZATION PRACTICES

In 2003, the National Vaccine Advisory Committee (NVAC) released revised standards for immunization practices. The revised standards recommend making vaccines easily accessible and implementing strategies to improve vaccination rates.

Availability of Vaccines

1. Vaccination services are readily available.
2. Vaccinations are coordinated with other health-care services and provided in a medical home when possible.
3. Barriers to vaccination are identified and minimized.
4. Patient costs are minimized.

Assessment of Vaccination Status

5. Health-care professionals review the vaccination and health status of patients at every encounter to determine which vaccines are indicated.
6. Health-care professionals assess for and follow only medically indicated contraindications.

Effective Communication about Vaccine Benefits and Risks

7. Parents, guardians, and patients are educated about the benefits and risks of vaccination in a culturally appropriate manner and in easy-to-understand language.

Proper Storage and Administration of Vaccines and Documentation of Vaccinations

8. Health-care professionals follow appropriate procedures for vaccine storage and handling.
9. Up-to-date, written vaccination protocols are accessible at all locations where vaccines are administered.
10. Persons who administer vaccines, and staff who manage or support vaccine administration, are knowledgeable and receive ongoing education.
11. Health-care professionals simultaneously administer as many indicated vaccine doses as possible.
12. Vaccination records for patients are accurate, complete, and easily accessible.
13. Health-care professionals report adverse events following vaccination promptly and accurately to the Vaccine Adverse Events Reporting System (VAERS) and are aware of a separate program, the National Vaccine Injury Compensation Program (NVICP).
14. All personnel who have contact with patients are appropriately vaccinated.

Implementation of Strategies to Improve Vaccination Coverage

15. Systems are used to remind parents, guardians, patients, and health-care professionals when vaccinations are due and to recall those who are overdue.
16. Office- or clinic-based patient record reviews and vaccination coverage assessments are performed annually.
17. Health-care professionals practice community-based approaches.

7.8 RECORD KEEPING

Vaccination Records Consent to Vaccinate

The National Childhood Vaccine Injury Act of 1986 (42 U.S.C. § 300aa-26) requires that all health-care providers in the United States who administer any vaccine covered by the Act must provide a copy of the relevant, current edition of the vaccine information materials that have been produced by CDC before administering each dose of the vaccine. Vaccine information statements (VIS) are available at <http://www.cdc.gov/nip/publications/VIS/default.htm> and <http://www.immunize.org/vis>. VIS must be provided to the parent or legal representative of any child or to any adult to whom the physician or other health-care provider intends to administer the vaccine. The act does not require that a signature be obtained, but documentation of consent is recommended or required by certain state or local authorities.

Provider Records

Documentation of patient vaccinations helps ensure that persons in need of a vaccine receive it and that adequately vaccinated patients are not administered excess doses, possibly increasing the risk for local adverse events (e.g., tetanus toxoid). Serologic test results for vaccine-preventable diseases (e.g., those for rubella screening and antibody to hepatitis B surface antigen) and documented episodes of adverse events also should be recorded in the permanent medical record of the vaccine recipient. Health-care providers who administer vaccines covered by the National Childhood Vaccine Injury Act are required to ensure that the permanent medical record of the recipient (or a permanent office log or file) indicates the date the vaccine was administered; the vaccine manufacturer; the vaccine lot number; and the name, address, and title of the person administering the vaccine. In addition, the provider is required to record the edition date of the VIS distributed and the date those materials were provided. In the Act, the term health-care provider is defined as any licensed health-care professional, organization, or institution, whether private or public (including federal, state, and local departments and agencies), under whose authority a specified vaccine is administered. This same information should be kept for all vaccines, not just for those required by the National Childhood Vaccine Injury Act.

Patients' Personal Records

Official childhood vaccination records have been adopted by every state, territory, and the District of Columbia to encourage uniformity of records and to facilitate assessment of vaccination status by schools and child care centers. The records also are key tools in vaccination education programs aimed at increasing parental and patient awareness of the need for vaccines. A permanent vaccination record card should be established for each newborn infant and maintained by the parent or guardian. In certain states, these cards are distributed to new mothers before discharge from the hospital. Using vaccination record cards for adolescents and adults also is encouraged. Standardized adult vaccination records are available at <http://www.immunize.org>.

Immunization Information Systems

Immunization Information Systems (IISs) are confidential, population-based, computerized information systems that collect and consolidate vaccination data from multiple health-care providers within a geographic area. IISs are a critical tool that can increase and sustain increased vaccination coverage by consolidating vaccination records of children from multiple providers, generating reminder and recall vaccination notices for each child, and providing official vaccination forms and vaccination coverage assessments (196). A fully operational IIS also can prevent duplicate vaccinations, limit missed appointments, reduce vaccine waste, and reduce staff time required to produce or locate vaccination records

or certificates. The National Vaccine Advisory Committee strongly encourages development of community- or state-based IISs and recommends that vaccination providers participate in these systems whenever possible (196). One of the national health objectives for 2010 is 95% participation of children aged <6 years in a fully operational population-based IIS (objective 20.1) (197).

Appendix 1

CoCASA Instructions

Getting Started

It is very important that the most current version of **CoCASA** is used. **CoCASA** may be downloaded for free from the CDC's website at:

<http://www.cdc.gov/vaccines/programs/cocasa/index.html>.

For more information, please refer to the **CoCASA** Users Guide, available at:

<http://www.cdc.gov/vaccines/programs/cocasa/users-guide.html>.

Using the CoCASA software

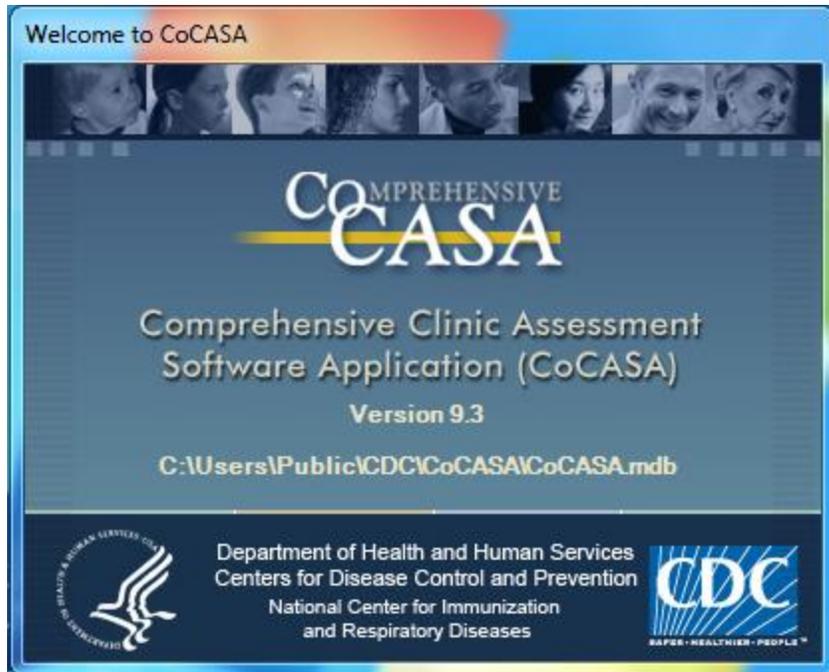
Locate the **CoCASA** icon on the computer desktop and double click to open.



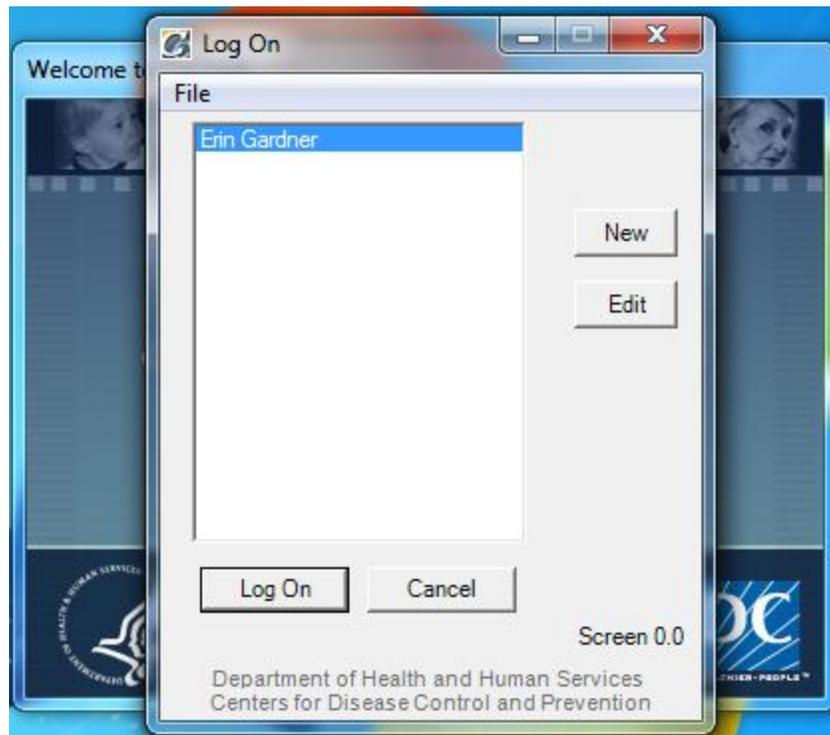
Or,

Click on the **Start Menu > CoCASA**.





The welcome screen will open, followed by the **Log On** window:



Select **User Name** from the screen and click **Log On**.

Clicking **Log On** will open this screen:

File Assessment Tools Library Utilities 2013 AFIX/Pre-2013 VFC-AFIX Evaluation Help

Provider Setup VFC Evaluation AFIX Evaluation

Choose a Provider:

Provider	VFCPIN
✓ Pflugerville El	KG-227904...
✓ Sample Clinic	123abc

Add Delete Copy Cancel

Notes Search

Provider site name Pflugerville El

Contact name first Kristen Last Adix

Street address 1 701 Immanuel Road

Street address 2

City Pflugerville State Texas

Zip 78660 < Required

Office phone (512)594-3800 County Travis

Fax (512)594-3805 Region 7

VFC number KG-227904101 < Required

EMail address

Provider type Other < Required

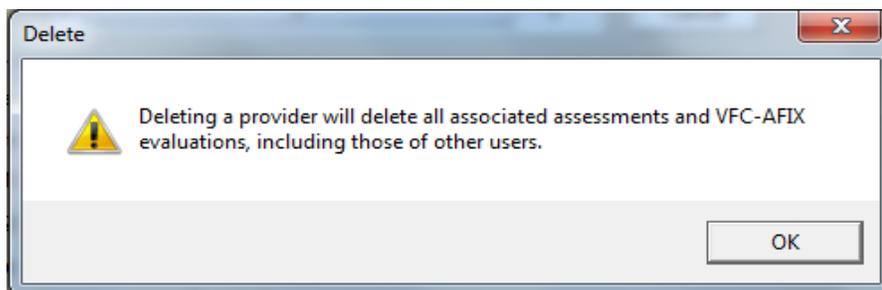
Specify

Toward the top section of the screen you will find the following buttons:



Add: This will allow the user to enter information about a new school

Delete: To delete an assessment site, select the assessment sites and click the **Delete** button. This message will be displayed.



Once deleted, the assessment site will be marked with a red 'X' and the **Delete** button will convert to an **Undelete** button. To permanently delete any assessment site marked with a red 'X', select **Utilities** from the toolbar and click on **Remove records marked for deletion**.

Copy: This button allows users to copy the entire screen with the exception of the VFC number. The **Provider site name** will indicate **Copy of Sample Clinic** in this field.



Cancel: This button should be used to revert information to the last saved. Any information that has been input to the screen will be lost if this button is used.

Notes: This feature opens a screen box to type comments.

Search: This feature allows users to look for assessment sites using the **Find What** and **Look In** fields. Input an assessment site name or facility number and then click the **Find** button.



Setting Up the Assessment Site Information

When you select **Add**, you will notice that the bottom of your **Provider Setup** screen is empty and ready for data entry.

Provider site name	<input type="text" value="New Provider"/>	
Contact name first	<input type="text"/>	Last <input type="text"/>
Street address 1	<input type="text"/>	
Street address 2	<input type="text"/>	
City	<input type="text"/>	State <input type="text"/>
Zip	<input type="text"/>	<- Required
Office phone	<input type="text" value="(###)###-####"/>	County <input type="text"/>
Fax	<input type="text" value="(###)###-####"/>	Region <input type="text"/>
VFC number	<input type="text"/>	<- Required
E-Mail address	<input type="text"/>	
Provider type	<input type="text"/>	<- Required
	Specify <input type="text"/>	

Boxes labeled **Zip**, **VFC number**, and **Provider type** are required fields. **State** and **Provider type** have drop down boxes. To navigate the fields you may use your tab key, return/enter key, or click the mouse in any field. **CoCASA** has an **Automatic Save**

Feature that is triggered by the user. This will allow users to leave the entry screen by selecting a different assessment site, clicking any of the buttons, or closing the box without losing any data. The exception is clicking on the **Cancel** button.

Enter the name and demographics for the school being assessed. Enter **County** using proper case (first letter capitalized) and only the name of the county. Do not include the word 'county' in the name. For **Region**, enter the Health Service Region (HSR) where the facility is located. Please enter the HSR number in this field according to the chart below:

Health Service Region (HSR)	Enter into CoCASA:
1	1
2 or 3	2/3
4 or 5 North (all HSR 5 counties except Orange, Jefferson, and Hardin Counties)	4/5N
6 or 5 South (All HSR 6 counties plus Orange, Jefferson, and Hardin Counties)	6/5S
7	7
8	8
9 or 10	9/10
11	11

For the **VFC Number** field, enter the school **Campus ID** for the school being audited. This ID can be found on the sample line listing, at TEA's website at <http://mansfield.tea.state.tx.us/tea.askted.web/Forms/Home.aspx> or by calling the Immunization Branch at 800-252-9152 and asking for an Epidemiologist with the DSHS ACE Group in Austin.

For the validation survey, enter the Campus ID for kindergarten schools prefixed by 'KG-' and 7th grade schools prefixed by '7-'. For example, 'Pflugerville EI' campus id would be entered as 'KG-227904101' and 'Dobie MS' Campus ID would be entered as '7-227901055'.

For child-care assessments, enter the child-care facility's license number (do not include any prefixes).

For the **Provider type** field, select **Other** and enter **School** in the **Specify** box.

Unless otherwise instructed, **Fax** and **E-mail Address** may be left blank.

ASSESSMENT SETUP

Click on the **AFIX Evaluation** tab to open this screen.

The screenshot shows the 'Assessment Setup' screen with the following details:

- Assessment:** KG Validation Survey 2013-(C)
- Assessment Date:** 10/25/2013
- DOB Range:** 10/26/2005 to 10/25/2009
- Assessment Age Range:** 4 - 7 years a
- Estimated number of patients in the designated assessment cohort:** 100

The 'Setup Criteria' tab is active, showing the following options:

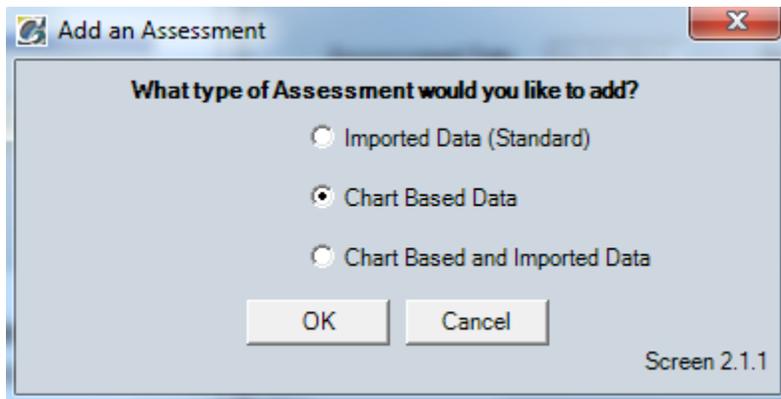
- Required:**
 - Imported Data (Standard)
 - Chart-Based
 - Chart-Based and Imported
- Choose an Assessment:** A list containing 'KG Validation Survey 2013-(C)' with a checkmark. Buttons: Add, Delete, Copy, Cancel.
- Assessment Date:** 10/25/2013
- Assessment Name:** KG Validation Survey 2013
- Assessment Questionnaire (required):**
 - Childhood Questionnaire
 - Adolescent Questionnaire
 - Childhood and Adolescent Questionnaires
 - Questionnaire was not used
- Why not?:** [Empty text box]
- Type of Visit (required):**
 - AFIX Only Visit
 - AFIXVFC Combined Visit
 - Compliance
 - Unannounced
- Age Range for this Assessment (required):**
 - From 4 To 7
 - Months Years
 - As Of 10/25/2013
 - Pull Charts with Dates of Birth Between:**
 - Earliest Date of Birth: 10/26/2005
 - Latest Date of Birth: 10/25/2009
 - Age Cohort(s) for Analysis: 0-3 13-18 <- Required
- What is the estimated number of patients served by the provider in the designated assessment cohort?:** 100
- Daily Use Mode:** No Yes

Under **Assessment Setup**, you will notice 5 tabs that will guide you through the process of completing criteria for assessments. As each step is completed, additional options become available and data entered is automatically saved. **CoCASA** will default to the **Setup Criteria** tab.

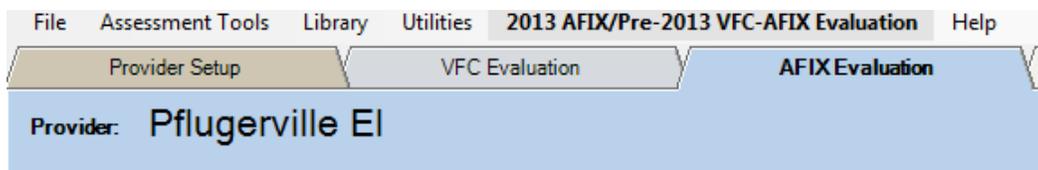
To begin, click on **Add**.

This close-up shows the 'Choose an Assessment' section with a large empty list box and four buttons: Add, Delete, Copy, and Cancel.

Choose **Chart Based Data**. Click **OK**.



Make sure that the school for this assessment is printed at the top left of the screen.



The **Assessment Date** and **Assessment Name** will default to the **Provider Setup** data entered. Change the **Assessment Name** to the name of the current assessment being conducted (for example, KG Validation 2013 or KG TCRISS 2013).

For the TCRISS, enter September 1st of the current school year for both the **Assessment Date** and the **As of Date** fields.

For the validation survey, enter the date of the last Friday in October of the current school year (this will be the TEA PEIMS reporting date) for both the **Assessment Date** and the **As of Date** fields, regardless of when the survey is actually conducted.

For child-care assessments, enter the date the child-care facility was visited or the date immunization records were received.

Choose the appropriate response to **Assessment Questionnaire**.

Choose appropriate selection for **Type of Visit**.

Enter **Age Range for this Assessment** as **4 to 7 years** for the kindergarten TCRISS.

Enter **Age Range for this Assessment** as **4 to 7 years** if you are performing a Kindergarten Validation Survey and **11 to 14 years** if you are performing a 7th grade Validation Survey.

Enter **Age Range for this Assessment** as **19 to 59 months** for child-care assessments.

The boxes for **Earliest date of birth** and **Latest date of birth** will be calculated automatically by **CoCASA**.

In the field **What is the estimated number of patients served by the provider in the designated assessment cohort?**, enter the total number of kindergarten or 7th grade

students enrolled at the school being sampled for the **Validation Survey**. For the TCRISS, enter the total number of kindergarten students enrolled at the school being sampled. For child-care assessments, enter the total number of child-care attendees aged 19 to 59 months (not just the number selected for the survey).

Once complete, click on the **Assessment Factors** tab.

In the **Choose Demographic Fields** box, deselect all check boxes and check **Chart Number**.

The screenshot shows a software interface for setting up an assessment. At the top, there are tabs for 'Assessment Setup', 'Data Entry', 'Questionnaire', 'Assessment Results', and 'Feedback'. Below these, the assessment is identified as 'KG Validation Survey 2013-(C)'. Key information includes 'Assessment Date: 10/31/2013', 'DOB Range: 11/01/2005 to 10/31/2009', and 'Estimated number of patients in the designated assessment cohort: 100'. The 'Assessment Factors' tab is selected, and the 'Choose Demographic Fields' section is active. In this section, the 'Chart Number' checkbox is checked, while 'Patient's Insurance Type' and 'ID #1 (Medical Record Number)' are unchecked. Below this, the 'Choose Patient Status Fields' section has 'All' and 'None' radio buttons, with 'None' selected. Underneath, 'Does Immunization History Exist?' is checked, while 'Medicaid' and 'Moved Or Gone Elsewhere (MOGE)' are unchecked.

In the **Choose Patient Status Fields** box, check **Does Immunization History Exist?** Leave the **Choose Clinical Risk Factors** box unchecked or type **none** in the blank box. For **Choose Diagnostic Screening and Testing**, check **none**. For **Choose Counseling Events**, check **none**.

For the **Choose Other Assessment Factors** box, check **none**.

The **Custom Questions** tab may be skipped. Click on the **Antigens** tab. Vaccines are listed on the right and need to be moved to the left in order for them to display on the **Data Entry** tab. Clicking on **Calculate Antigens** selects the **ACIP recommended vaccines** and moves them to the left. Vaccines not included in the assessment may be moved back to the right by clicking on the right arrow. Additional vaccines may be added to the list by using the arrow pointing to the left.

For the kindergarten surveys, at minimum include DTaP, Polio, MMR, Varicella, HIB, HepB, HepA, Influenza, and PCV vaccines.

For the 7th Grade Validation Survey, at minimum include Tdap, Polio, MMR, Varicella, HIB, HepB, HepA, Influenza, MCV, HPV, and PCV vaccines.

If a child's vaccination record reflects a DT or a DTP shot in lieu of a DTaP or in conjunction with a DTaP, be sure to add these antigens to your list of selected antigens. Single antigens like measles, mumps, or rubella may also be added to the list of selected antigens if a child's vaccination record reflects such shots.

Leave **Record vaccine brand names**, **Record vaccine manufacturer/lot number**, and **Record geographical location of dose administration** marked **No**.

Setup Criteria | Assessment Factors | Custom Questions | **Antigens** | My Results

Cancel

List of Selected Antigens

- DTaP
- Polio
- MMR
- HIB
- HepB
- Varicella
- PCV
- Influenza
- HepA
- Td
- DT
- DTP

Move Up | Move Down

Calculate Antigens

← | →

All ACIP Recommended Antigens

- PPV
- Tdap
- HPV
- Meningococcal
- Rotavirus
- Herpes Zoster
- Diphtheria
- Measles
- Mumps
- Rubella
- Tetanus
- Anthrax
- BCG
- J. Encephalitis

(To enter doses for MCV4 you must select Meningococcal here, and then choose Menactra as the brand name on the data entry tab.)

Record vaccine brand names No Yes

Record vaccine manufacturer /lot number No Yes

Record geographical location of dose administration No Yes

To simplify data entry, the vaccine fields may be displayed in any order by using the **Move Up** and **Move Down** buttons. This can be setup to match the order in the immunization record. Less commonly used vaccines like single antigen measles vaccine or DT may be moved toward the bottom of the list in order to avoid having to skip through these vaccine fields during data entry in order to reach a more commonly used or required vaccine.

Data Entry of Immunization Records

For the TCRISS, the number of immunization records to randomly select will vary by county and further instructions will be provided on the number of records to select per school.

For the kindergarten and 7th grade validation survey, 100 randomly selected student immunization records are entered, unless fewer than 100 students in the targeted grade level attend the selected school. In this situation, all students in the targeted grade level are included in the survey.

To begin, select the **Data Entry** tab at the top of the page. The top portion of the screen will display information already provided for the assessment.

Assessment Setup | **Data Entry** | Questionnaire | Assessment Results | Feedback | Follow up | Notes

Assessment: KG Validation Survey 2013-(C)
Assessment Date: 10/25/2013 **DOB Range:** 10/26/2005 to 10/25/2009 **Assessment Age Range:** 4 - 7 years as of 10/25/2013
Estimated number of patients in the designated assessment cohort: 100

Choose a patient

Chart Number	DOB

Patient Count: 0

Add Patient | Notes ✓
Delete
Cancel

Patient Demographics | Immunization History | Reasons Not Given | Other Visits

Demographic Fields

Date of Birth / / *Required* Chart Number

Status Fields

Does Immunization History Exist?

Verify the correct facility and assessment is selected before beginning data entry. To enter a child’s or student’s immunization record, begin by selecting **Add Patient**.

Assessment Setup | **Data Entry** | Questionnaire | Assessment Results | Feedback | Follow up | Notes

Assessment: KG Validation Survey 2013-(C)
Assessment Date: 10/25/2013 **DOB Range:** 10/26/2005 to 10/25/2009 **Assessment Age Range:** 4 - 7 years as of 10/25/2013
Estimated number of patients in the designated assessment cohort: 100

Choose a patient

Chart Number	DOB
✓ 01	10/27/2006
✓ 04	01/01/2006
✓ 07	04/01/2007
✓ 10	06/15/2008

Patient Count: 4

Add Patient | Notes
Delete
Cancel

Patient Demographics | Immunization History | Reasons Not Given | Other Visits

Demographic Fields

Date of Birth *Required* Chart Number

Status Fields

Does Immunization History Exist?

Click on the **Patient Demographics** tab. Enter general demographic information for the child on the **Patient Demographics** tab. For **Chart Number**, enter **01** for the 1st record and number each record sequentially. Referencing single digits with a “0” before the numeric digit will ensure properly sorted numeric order of all records. Enter the child’s date

of birth in the **Date of Birth** field in mm/dd/yyyy format. It is a required field. If the child has no immunization history, select **NO** from the drop down list for the **No Immunization History** field. Otherwise, click **YES**.

Next, click on the **Immunization History** tab. Enter all dates for all immunizations on the immunization record starting with DTaP as the first antigen. This will allow you to view and access the **Ctrl+Function** keys at the bottom of the screen on the **Antigen** tab. The **Ctrl+Function** keys may be used to copy dates from one vaccine to another. If necessary, scroll down to see all vaccines listed.

If a vaccine was not given for a particular reason, such as history of the disease or the child has a medical or conscientious exemption, click on the **Reason Not Given** tab.

Place your cursor in the cell below **Vaccine Not Given** and select the vaccine from the drop down list and the most appropriate reason from the **Reason Not Given** drop down list. If the child has a conscientious exemption for a particular vaccine, enter this as **Philosophical Objections**. The date should be listed as the date the parent signed and notarized the exemption. Use **Medical Contraindication** if the child has a medical exemption. If a date is provided, enter the date in the **Date of Visit** field.

Assessment Setup **Data Entry** Questionnaire Assessment Results Feedback Follow up Notes

Assessment: KG Validation Survey 2013-(C)
 Assessment Date: 10/25/2013 DOB Range: 10/26/2005 to 10/25/2009 Assessment Age Range: 4 - 7 years as of 1
 Estimated number of patients in the designated assessment cohort: 100

Choose a patient

Chart Number	DOB
✓ 01	01/01/2006
✓ 04	04/01/2007
✓ 07	06/15/2008
✓ 10	10/27/2008

Patient Count: 4

Add Patient Delete Cancel Notes

Patient Demographics Immunization History **Reasons Not Given** Other Visits

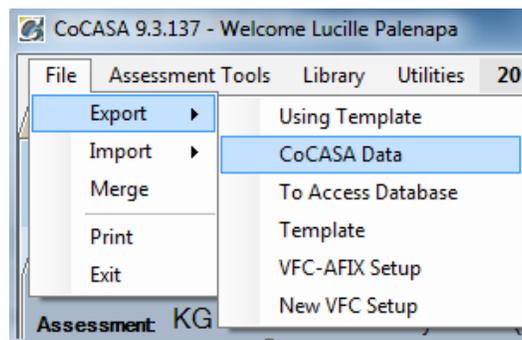
Date of Visit	Vaccine Not Given	Reason Not Given	Other RNG
▶ 01/22/2009	Varicella	History of Varicella (chicken pox)	
03/01/2012	HepB	Philosophical Objections	
*			

Unless otherwise instructed, skip the **Other Visits** tab.

EXPORTING COCASA DATA

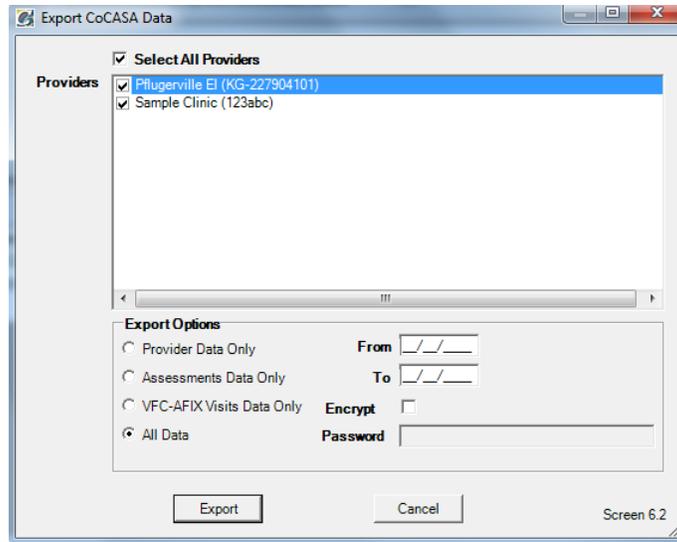
The import/export process in **CoCASA** is essentially the same as WinCASA except that **Utilities** is no longer used. This process has been moved to the **File** menu.

Select **File, Export,** and **CoCASA data** from the main menu.



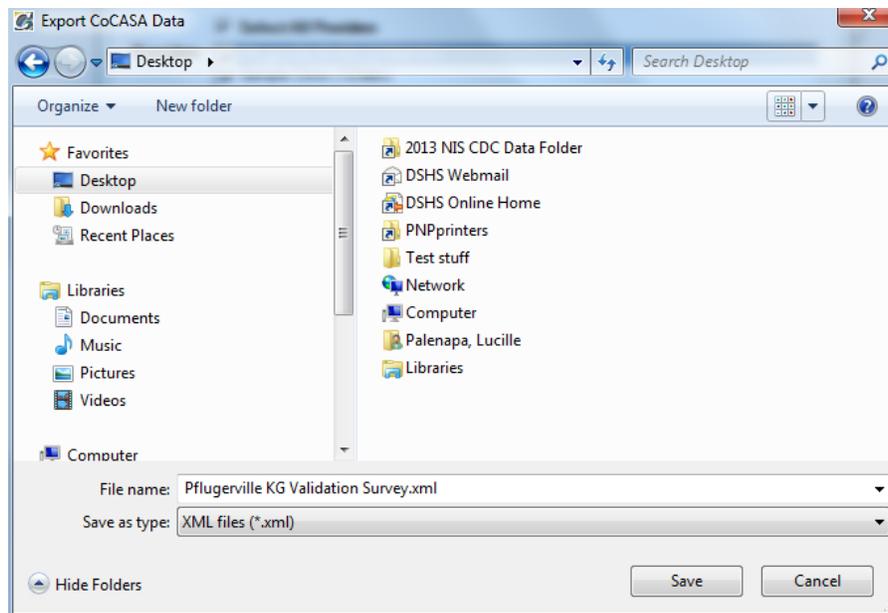
The **Export CoCASA Data** screen will appear. Select the assessment sites to be transferred to the disk from the provider listing.

Choose **All Data'** from the **'Export Options**. The **from** and **to** dates may be left blank. Deselect the **Encrypt** box if you do not wish to apply a password.



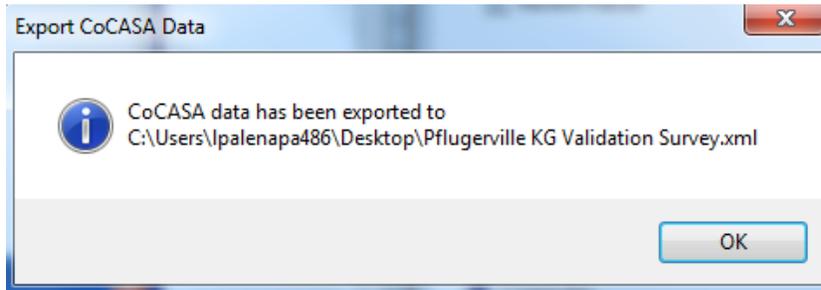
Hit the **Export** button and save the file in your desired folder.

Note that the **File name** at the bottom says **CoCASA Data**. Before saving the file, **make sure to change the File name to a name that identifies the correct health department or county** as well as the assessment type. For example, if sending a Validation Survey for both grades from Travis County, the file name could be 'Travis09_KG_7thValidationSurvey.' If sending a TCRISS from Smith County, the file name could be 'Smith09_TCRISS.'



Click the Save button.

The **Export CoCASA Data** screen will appear letting you know that your data has transferred to the disk successfully. Click **OK**.



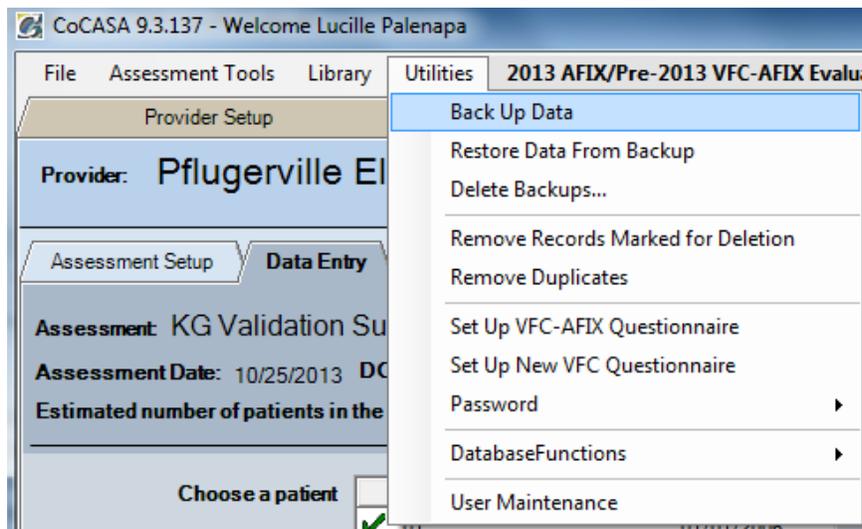
If you saved the data to a CD, mail the CD containing the XML files or attach the files to an e-mail to the designated contact. If sending from a LHD, the designated contact is the HSR office. If sending from an HSR, the designated contact is the DSHS ACE Group in Austin at:

Imm.Epi@dshs.state.tx.us

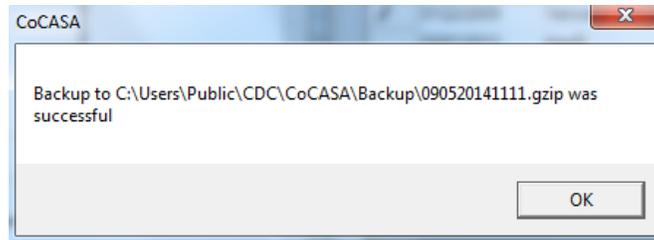
Include any sampling worksheets and all appropriate quality check lists.

BACKING UP RECORDS

It is advised that periodic back up of records be conducted. From the **Utilities** menu, choose **Back up Data**.



A message box will appear confirming back up was successful.



Be sure to keep track of the appropriate folder on the hard-drive where the back-up records are being stored in case the files are needed for future reference. It is very likely that someone will want to access them if a question arises.

Appendix 2

How to Handle Duplicate Schools for the Validation and Retrospective Surveys

How to Handle the Possibility of Duplicate Kindergarten Schools for the Validation Survey and Retrospective Survey

In the event a kindergarten school or campus is sampled twice for the Retrospective and Validation surveys, three potential scenarios have been identified. In all of these scenarios you will only submit one CoCasa file for the school. You will not need to re-enter the records. These scenarios are dependent on school size. Please follow the steps provided below to ensure proper sampling of duplicate schools:

Scenario 1

The number of records requested in the validation line listing is greater than the number of records required for the retrospective survey. If this scenario arises, please do the following:

- a. Randomly pull 100 records for the validation survey
- b. Enter only the 100 records for validation into CoCasa

For example, John Elementary school was selected in Tom Green County for a retrospective survey and a kindergarten validation survey. The total kindergarten enrollment was determined to be 120 students. Based on the enrollment size and on our sampling methodology, 100 immunization records are to be pulled and reviewed for the validation survey. Only 50 are needed for the retrospective survey. In this case, you would enter 100 records for the validation survey. Once all 100 records have been reviewed for the validation survey and entered into CoCasa, Austin central office will then randomly pull 50 from the CoCasa file for the retrospective survey.

Scenario 2

The number of records requested in the retrospective line listing is greater than the number of records required for the validation survey. If this scenario arises, please do the following:

- a. Randomly pull the number of records requested in the retrospective survey line listing.
- b. Enter only the records requested in the retrospective line listing into CoCasa.

For example, MM Primary School with an enrollment of 150 was selected in Maverick County for a retrospective survey and a kindergarten validation survey. Based on the size of the school, it was determined that 130 immunization records were to be pulled for the retrospective survey. Pull 130 immunization records at **random** for the retrospective school survey. After the 130 records are pulled and entered into **CoCASA** for the retrospective survey, and sent to Austin central office, Austin central office will then pull the 100 records needed for the validation survey from the CoCasa file.

Scenario 3

The number of records requested in the retrospective line listing and the validation line listing is the same. If this scenario arises, please do the following:

- a. Randomly pull the number of records requested in the validation survey.
- b. Enter the requested records into CoCasa once.

For example, if 70 records are requested for Elm Elementary for both the validation survey and the retrospective survey, you would only enter the immunization records for the validation survey. Austin central office would then use the same CoCasa file for the retrospective survey analysis.

Appendix 3

Data Quality Check List

Retro/Validation Survey Data Quality Check List

This form is provided to ensure that data submitted are complete and accurate.

CoCASA Electronic File Data Quality Checks			
Review Criteria	Yes	No	Comment/Explanation
All personal identifiers, except date of birth, have been de-identified from all records			
All vaccine histories for each vaccine are included and entered for each record. Please ensure all required vaccines are displayed on screen.			
All records requested per school are entered into CoCASA.			
Facility ID, address, county name, and region is entered for each site			
In the CoCASA assessment set up screen, assessment size should be the total enrollment for children <u>4-7 years of age</u> for the TCRISS.			
In CoCASA assessment set up screen, assessment size should be the total enrollment for children: <u>4-7 years of age</u> for the KG validation survey AND 11-14 years of age for the 7 th grade validation survey.			
Check that the assessment date is: For TCRISS — As assigned by Austin Office AND For Validation Survey — the date of the last Friday in October			
Check that the as of date is the same date as the assessment date: TCRISS — As assigned by Austin Office AND Validation Survey — the date of the last Friday in October.			
CD contains data and is not blank.			
All schools provided on the line listing have been included on the CD.			

I certify that the information submitted has been reviewed and verified.

Program Manager Signature

Date

Appendix 4

Survey Sampling Sheet

**SUGGESTED TEXT FOR CHILD-CARE FACILITIES
THAT ARE IN COMPLIANCE**

[DATE]

**Texas Department of Family and Protective Services (DFPS)
Child-Care Licensing Division
[ADDRESS]
[CITY, STATE, ZIP]**

Dear Program Administrator:

On [DATE], [FACILITY NAME], was audited by Department of State Health Services (DSHS) staff to measure the facility's compliance with the minimum state vaccine requirements for Texas children. The immunization levels found at that audit exceeded 95% for each vaccine and the facility is in compliance with these requirements.

We are notifying you of this as part of the agreement reached between DSHS and Texas Department of Family and Protective Services (DFPS) to eliminate duplicative inspections of child-care facilities, as required by HB 1555 (75th legislature).

For further information about this audit, please contact [AUDITOR/PROGRAM MANAGER] at [AREA CODE & PHONE NUMBER].

Sincerely,

**SUGGESTED TEXT FOR CHILD-CARE FACILITIES
THAT ARE IN COMPLIANCE AFTER TWO DSHS VISITS**

[DATE]

**Texas Department of Family and Protective Services (DFPS)
Child-Care Licensing Division
[ADDRESS]
[CITY, STATE, ZIP]**

Dear Program Administrator:

On [DATE], [FACILITY NAME], was audited by Department of State Health Services (DSHS) staff to measure the facility's compliance with the minimum state vaccine requirements for Texas children. The immunization levels found at that audit were below 95% for one or more vaccines and the facility was out of compliance with the requirements. A second visit was scheduled on [DATE]. At that visit, the auditor found that the deficiencies had been corrected and the facility is now in compliance.

We are notifying you of this as part of the agreement reached between DSHS and Texas Department of Family and Protective Services (DFPS) to eliminate duplicative inspections of child-care facilities, as required by HB 1555 (75th legislature).

For further information about this audit, please contact [AUDITOR/PROGRAM MANAGER] at [AREA CODE & PHONE NUMBER].

Sincerely,

**SUGGESTED TEXT FOR CHILD-CARE FACILITIES
THAT ARE NOT IN COMPLIANCE AFTER TWO VISITS**

[DATE]

**Texas Department of Family and Protective Services (DFPS)
Child-Care Licensing Division
[ADDRESS]
[CITY, STATE, ZIP]**

Dear Program Administrator:

On [DATE], [FACILITY NAME], was audited by Department of State Health Services (DSHS) staff to measure the facility's compliance with the minimum state vaccine requirements for Texas children. The immunization levels found at that audit were below 95% for one or more vaccines and the facility was out of compliance with the requirements. A second visit was scheduled on [DATE]. At that visit, the auditor found that the deficiencies had not been corrected.

We are notifying you of this as part of the agreement reached between DSHS and Texas Department of Family and Protective Services (DFPS) to eliminate duplicative inspections of child-care facilities, as required by HB 1555 (75th legislature). Because this facility remains out of compliance after two visits by DSHS, additional follow-up by DFPS is necessary.

For further information about this audit, please contact [AUDITOR/PROGRAM MANAGER] at [AREA CODE & PHONE NUMBER].

Sincerely,

**SUGGESTED TEXT FOR CHILD-CARE FACILITIES
THAT DID NOT RESPOND TO REQUEST FOR AUDIT**

[DATE]

Texas Department of Family and Protective Services (DFPS)
Child-Care Licensing Division
[ADDRESS]
[CITY, STATE, ZIP]

Dear Program Administrator:

On [DATE], [FACILITY NAME], was contacted by Department of State Health Services (DSHS) staff to measure the facility's compliance with the minimum state vaccine requirements for Texas children. [FACILITY NAME] did not respond to the request to request for an audit. On [DATE], a second request was made and went unanswered.

We are notifying you of this as part of the agreement reached between DSHS and Texas Department of Family and Protective Services (DFPS) to eliminate duplicative inspections of child-care facilities, as required by HB 1555 (75th legislature). Because this facility did not respond to multiple requests made by DSHS, additional follow-up by DFPS is necessary.

For further information about this audit, please contact [AUDITOR/PROGRAM MANAGER] at [AREA CODE & PHONE NUMBER].

Sincerely,

Texas Department of State Health Services
Immunization Branch
(800) 252-9152

www.ImmunizeTexas.com

Stock No. E11-12550

Rev. 10/2014

