

Child Care Immunization Manual/Course



Guidance for Childcare & Preschool Providers in Colorado

Version 2014-15
School Year

"The decision to immunize your child is a critical one, because vaccines are the single most effective protection against diseases that continue to threaten our children."

- Don Cook, M.D., Former President, American Academy of Pediatrics



*Colorado Immunization Section
Child Cares and Preschools*



COLORADO
Department of Public
Health & Environment

Dear Childcare Provider in the **2014-15 School Year**

The *Child Care Immunization Manual/Course: Guidance for Child Care & Preschool Providers in Colorado* was developed to help you learn more about immunizations and the immunization requirements for children in a childcare or preschool setting in Colorado. Children's immunizations are a licensing requirement through the Department of Human Services and a well vaccinated student population will help keep your kids healthy and safe.

If you choose to take the test, you can earn **2.5 contact hours** toward your childcare licensing requirement and because a new test is developed annually, you may take the test every year for credit. The Manual/Course will be updated every year in July so please keep an updated version for current immunization guidance.

Please download the Manual/Course as you will need it to refer to when answering the test questions electronically on CoTrain (instructions on the last page of the manual). Also, it will be important to download some of the supportive documents, especially "The Child Care Immunization Chart for the 2014-15 School Year." This chart will help you answer many of the questions in the test.

After successfully completing the test on CoTrain, you will be able to print your Certificate of Completion for 2.5 credit hours.

Thank you for all you do to care for Colorado's Children.

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Use the Child Care Immunization Chart for the 2014-15 School Year

https://www.colorado.gov/pacific/sites/default/files/PW_Imm_Child-Care-Immunization-Chart-2014-15.pdf

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INTRODUCTION

In the past, childhood diseases such as polio, diphtheria, pertussis, and measles were commonly seen in the United States and around the world. With the development of vaccines, **vaccine-preventable diseases** can now be prevented and controlled. ***As of July 2014, there were 580 cases of measles in the U.S. Most of those infected were unvaccinated or under-vaccinated. This is the highest number in almost 20 years!**

The discovery of vaccines began with Edward Jenner in 1796 with the smallpox vaccine. Today, smallpox, a disease that killed millions of people over the centuries, is now eliminated.

Polio, a disease that caused death and disability, is a health prevention success story because of the effectiveness of the polio vaccine. A 1916 polio epidemic in the U.S. killed 6,000 people and paralyzed 27,000 more. In the early 1950s, there were more than 20,000 cases of polio each year. Because of the introduction of the polio vaccine in 1955, we do not see “wild” polio virus in our country. There are on-going efforts to get rid of polio worldwide.

With increasing scientific knowledge and technology, many vaccines have been developed. These vaccines have prevented illness and saved lives.



WHY ARE CHILDHOOD IMMUNIZATIONS NECESSARY?

Children need immunizations (also called vaccinations or “shots”) to protect them against serious diseases. When children do not receive immunizations there is always the possibility of becoming infected by diseases that can cause rashes, fevers, coughing, choking, brain damage, heart problems, paralysis, deafness, and liver disease. Because of their close contact, children in childcare settings can easily spread diseases to one another.

- ♥ Preschoolers who are behind on their shots need to be vaccinated to “catch up” and be protected.
- ♥ Many parents think that children only need shots when they are ready to enter kindergarten. *This is not true.* Children need to be vaccinated when they are babies and **need most of their shots before the age of two.**
- ♥ Parents should check with their health care provider or clinic to make sure their child is up-to-date on their shots.



COLORADO IMMUNIZATION LAW

The Colorado Board of Health requires that children attending schools (including child care facilities & preschools) have specific vaccinations. The Colorado School Entry Immunization Law requires that schools shall have on file an official **Certificate of Immunization** for every student enrolled. A parent will typically provide you with an immunization record from a doctor's office or clinic. **It is required that you transcribe that clinic record onto a Certificate of Immunization.** These rules regarding immunizations are developed to protect the public's health and are a guide for schools. The major parts of the law for childcare settings are:

- ♥ **Each child must have a Certificate of Immunization with vaccines that have been recorded OR a signed exemption in order to attend school.**

https://www.colorado.gov/pacific/sites/default/files/PW_Imm_Certificate-of-Immunization.pdf

(No immunization record? No school attendance!)

- ♥ **If a child has an "incomplete" immunization record or needs to update the record, the school will give the parents "direct personal notification."** The parent will then have 14 days to get the next required shot for their child or to make a plan to get that shot as soon as possible. A parent plan to complete any required shots is to be provided in writing. An "In-Process" form may be used and can be found at the Immunization Section Website:

https://www.colorado.gov/pacific/sites/default/files/Imm_Notice-Of-In-Process-IZ-Form-ENG-2014.pdf

- ♥ **A student may have an exemption (page 2 of the Certificate of Immunization) from receiving the required shots** for the following reasons:

Medical - the child is unable to receive vaccination due to a medical/health issue; must be signed by a health care provider (In a disease outbreak, unimmunized children may be excluded).

Religious - has a religious belief, including teachings opposed to immunizations; must be signed by parent or guardian (In a disease outbreak, unimmunized children may be excluded).

Personal - has a personal belief against immunizations; must be signed by parent or guardian (In a disease outbreak, unimmunized children may be excluded).

- **A note about Personal Exemptions: Personal exemptions are to be signed by parents only if they have a personal or philosophical belief against vaccines or choose not to vaccinate according to the accepted immunization schedule. The personal exemption is NOT to be used for "convenience" as this is a misuse of the exemption process.**

- ♥ **A Parent Letter** describing required and recommended vaccines is **required** to be sent to parents of children in your facility yearly and is located on the Immunization Website.
https://www.colorado.gov/pacific/sites/default/files/PW_Imm_Letter-to-Parents-with-Charts-Child-Care-and-Preschool-English-2014-15.pdf
- ♥ **Each school must have on file an approved *Certificate of Immunization*** for every student and a copy of that form can be downloaded from the Immunization Website:
https://www.colorado.gov/pacific/sites/default/files/PW_Imm_Certificate-of-Immunization.pdf
- ♥ **The Colorado Department of Public Health and Environment (CDPHE)** – the State Health Department - **may look at and check the immunization records** kept by private childcares licensed by the Department of Human Services. Licensed childcares and preschools are inspected to insure the health and safety of children in your facility and the inspectors may look at immunization records during those inspections.
- ♥ If a child **does not receive the required shot(s)** or did not follow up on the plan to get the shot(s) after the parent received the 14 day “direct personal notification,” that child **will not be allowed** to attend your child care according to the school immunization law.
- ♥ If other **children at the school have a vaccine-preventable disease, all un-immunized or under-immunized children may be told to stay home** from school.

CERTIFICATE OF IMMUNIZATION (CI)

Each child in the school **must** have an official Certificate of Immunization on file showing the child’s immunizations. The format of a Certificate of Immunization is approved by the CDPHE. You can print off the Certificate of Immunization by going to the Colorado Immunization Section’s website at: www.ColoradoImmunizations.com The link for the Certificate of Immunization is located at: https://www.colorado.gov/pacific/sites/default/files/PW_Imm_Certificate-of-Immunization.pdf

An official Certificate of Immunization **may come in several forms**, such as:

- ▣ **Gray card stock** – (This format is no longer printed but can be used if already started)
- ▣ 8 ½ by 11-inch **paper version** (obtained on the Colorado Immunization Website)
- ▣ Immunization **Administration Record Sheet or Card** (from clinics)
- ▣ Any “**alternative**” Certificate of Immunization **approved** by the CDPHE

A **copy** of a Certificate of Immunization is acceptable – including **faxed** copies.

The type of vaccine and the date (month, day, year) the vaccine was given must be recorded on the **Certificate of Immunization**. If a child comes to your childcare facility with an immunization record that is not on an official Certificate of Immunization form, it is the responsibility of the childcare staff to carefully copy the information onto the official form.

The Certificate of Immunization is an ongoing document. In other words, do not use a new Certificate of Immunization each year even if there is a new vaccine requirement. Continue to use the child's original Certificate of Immunization and write any new required vaccine in the “**other**” line if you need to. This lessens the problem of making errors when copying immunizations to the CI.

The Certificate of Immunization includes several “optional” signature lines based on age and grade. This allows you to check a box and provide a signature to indicate that a child is up to date at a specific age. It also allows for better record keeping and tracking of children's immunization status. Remember that when any new Certificates of Immunization are available, it is **not necessary to recopy** onto the new Certificates. Also keep in mind, that if a child has an exemption, the Certificate of Immunization is **not** to be signed. This is because all required immunizations have not been given and a child cannot be “**certified**.”

The Certificate of Immunization is to be signed by a physician, nurse, or school health authority **only** when a student has met **all** their required school immunizations. So it won't be signed until the adolescent Tdap for 6th grade entry. There are optional signature lines on the Certificate (mentioned above) that will help track when kids are up to date for their age.

Best Tool for your Immunization Tool Box! The Child Care Immunization Chart 2014-15 SY https://www.colorado.gov/pacific/sites/default/files/PW_Imm_Child-Care-Immunization-Chart-2014-15.pdf



INCOMPLETE IMMUNIZATIONS AND THE 14-DAY RULE

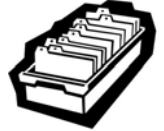
If a child is in your facility and is due for a shot, you can notify the parent using the “**Notice of Required Immunizations**” located on the Colorado Immunization Website:

https://www.colorado.gov/pacific/sites/default/files/PW_Imm_Notice-of-Immunization-Requirement-Letter-English.pdf

If a child comes to the childcare facility with an incomplete immunization record or falls behind on the required immunization schedule, notify the parent by “direct personal notification” (by telephone, e-mail, in person or in writing). The parent has 14 days to make sure the child receives the required shot(s) and/or has a plan to get the shot(s). Then there must be a written plan for the child to receive any remaining required shots. You can use the “**Notice of In-Process**” https://www.colorado.gov/pacific/sites/default/files/Imm_Notice-Of-In-Process-IZ-Form-ENG-2014.pdf It would be ideal if parents would provide any new vaccine records so remind them to do so. You can develop a “tickler system” for keeping track of a child's immunizations, as described in the next section.

TICKLER SYSTEM FOR KEEPING TRACK OF CHILDREN'S IMMUNIZATIONS

- This system requires a card file with index cards, a box to hold them, and a set of monthly index card dividers (January – December).
- For a child needing future immunizations, enter his or her name on an index card and list all doses that will be needed. Using the “*Quick Reference Guide*” in the back of this course, determine when the next dose is due and note the deadline date on the upper right-hand corner of the follow-up card. Use the “**Child Care Immunization Chart 2014-15**” at the Colorado Immunization Website. The following is the link to that important document: https://www.colorado.gov/pacific/sites/default/files/PW_Imm_Child-Care-Immunization-Chart-2014-15.pdf
- File each follow-up card by the month the immunization record is due.
- At the beginning of each month, call, email, or send a letter or email to the parents to let them know that shots are due and inform them of the due date. Be sure to document on the index card the date the notice was sent.
- Enter immunization dates on the *Certificate of Immunization* when the doctor or clinic record is given to you by the parent.
- Repeat the steps above if additional immunizations will be needed in the future until all immunization requirements are met.
- It is required by law to exclude children whose parents do not provide proof of up- to-date immunization records after the “exclusion” date you provided.
- When no more immunizations are needed, remove the card from the file box.



This process can also be set up for tracking electronically if you prefer not to use a box.

Step by Step Process for Collecting Immunizations in Your Child Care

1. Collecting immunization records is required by the School Immunization Law and is one of your responsibilities as a licensed facility through the Department of Human Services.
2. Collect the child's immunization record at registration. If the parent has a true personal or religious belief against immunization, they are to sign the exemption form on page 2 of the Certificate of Immunization. Medical exemptions will be signed by a health care provider and presented to you by the parent.
3. Having a parent sign an exemption because they don't have their immunization record is a **misuse** of the exemption process.
4. Once you receive the immunization record, **copy** those immunizations onto the Certificate of Immunization. Determine if the child is up-to-date using the Child Care Immunization Chart.
5. If the child becomes due for an immunization while at your facility contact the parent to inform them that they have 14 days to have their child immunized or to provide a written plan to become immunized. If the parent can get the immunization immediately, you can also send them a "Notice of Required Immunization" which the parent can give to their health care provider.
6. If a child at your facility has to catch up on immunizations, inform the parent they have 14 days to either get the required vaccine(s) or provide a written plan to get the vaccines. You can use the "Notice of In-Process" as written documentation.
7. Track the required vaccines by using the Tickler Box mentioned above or track vaccines using an electronic system specifically designed for that purpose. Do this on a monthly basis in order to stay on top of this task. It may be very involved initially but it becomes much easier once you've got the system organized. Ask your Child Care Health Consultant for support.



New Legislation for all Child Care and Schools as of July 1st, 2014
House Bill 1288 (HB14-1288)

Colorado Legislators passed HB14-1288 in May of 2014. Part of this bill is requiring child care and schools to report their immunization and exemption rates upon request. This is required to begin on July 1, 2014. Because of this new requirement, it is more important than ever to make sure you've collected all of your required immunizations and that exemptions (for parents who are opposed to vaccines) are signed and filed in the child's chart. By keeping up-to-date on your record keeping, it is hoped that your immunization rates are demonstrating that the children in your facility are being protected against vaccine preventable diseases.

“Child Care and School Immunization Rate Guide” - copy from the website:

https://www.colorado.gov/pacific/sites/default/files/Imm_Child-Care-and-School-Immunization-Rate-Guide-2014-2015_0.pdf

Follow the directions on the guide and you will come up with the rates for up-to-date immunizations, exemptions and in-process:

- 1 Count the doses of immunizations from the Certificate of Immunization and record them on the worksheet.
2. Count medical, religious and personal exemptions and record them on the worksheet.
3. Count the students who are in-process and record those numbers on the worksheet.

There is a formula that can be easily determined using a calculator. Ask your Child Care Health Consultant for assistance. And if you are working with a local public health agency in reviewing your student's immunizations, they will be a great help in providing assistance to you.

“In Compliance” with School Immunization Law means:

1. Children are up-to-date on all their required immunizations **OR**
2. Children have an appropriate signed exemption in their folder **OR**
3. Children are “in process” for getting up-to-date on immunizations



Colorado Immunization Information Systems (CIIS)

The Immunization Registry

Need help with your immunization records? We got your covered!

Keeping track of shot records has never been easier! Participate in the Colorado Immunization Information System (CIIS) and you can gain information on your student's immunizations in your licensed child care center or family home.

CIIS is a confidential web program that collects information on immunizations. This program is run through the Colorado Department of Public Health and Environment. It allows child care providers to see immunizations records for children at their facility.

CIIS can simplify your record-keeping by:

- Providing free and secure 24/7 access to immunization records online
- Allowing you to check records and exemptions
- Allowing you to see if children are missing required immunizations or have incomplete immunization records.
- Print off the required "Certificate of Immunization" (CI) from the system (this decreases your efforts to transcribe many, if not all, of the child's immunizations onto the CI)

For more information on how your child care facility can join CIIS,

**Please contact CIIS School Coordinator, Lorin Scott-Okerblom
at 303-691-4073 or via email at lorin.scott-okkerblom@state.co.us**



REQUIRED IMMUNIZATIONS AND THE DISEASES THEY PROTECT AGAINST

DTaP is a combination of **Diphtheria**, **Tetanus**, and acellular **Pertussis**. A child should have 4 DTaP shots by 19 months of age. A child will have a fifth DTaP shot between the ages of four and six years to prepare for kindergarten entry unless the fourth DTaP shot was given at four years of age. The vaccine is only licensed for kids through 6 years of age so when children turn 7 years they are not to receive this vaccine.

Diphtheria occurs mostly in children and spreads very easily. It produces a strong poison that can damage the heart, kidneys, liver, and nerves. A thick lining covers the back of the throat, and the neck swells. It becomes hard to swallow. In the early 1900s, diphtheria was common in this country; in 1921, a total of 206,000 cases and 15,520 deaths were reported. The diphtheria vaccine became common in the late 1940s, and the number of cases dropped quickly. Between 1980 and 2004, there were 57 cases of diphtheria in the U.S. Diphtheria continues to occur in other parts of the world.

Tetanus bacteria are commonly found in soil. Tetanus enters the body through a scratch, cut, or animal bite. It causes painful tightening of the muscles all over the body, usually starting at the head or neck area and working its way down. "Lockjaw," as the disease is often called, means you are unable to open your mouth or swallow. Tetanus leads to death in about one out of ten cases. The tetanus immunization, first produced in 1924, was widely used during World War II. In the late 1940s, when 500 to 600 cases were reported each year in the U.S., the tetanus immunization became a regular part of childhood shots. Since the mid 1970s, 50 to 100 tetanus cases have been reported each year, and from 2000 to 2007, an average of 31 cases was reported each year.

Pertussis or "whooping cough" can be a serious illness that lasts for weeks. It causes coughing spells so bad that it is hard for infants to eat, drink, or breathe. Complications can include pneumonia, seizures, brain damage, and death. In the 20th century, pertussis was one of the most common childhood illnesses and a major cause of childhood death in the U.S. Between 1940 through 1945, more than 1 million cases were reported. The vaccine was introduced in 1940 and the disease steadily declined in following years. Pertussis continues to be a serious health issue, especially for infants/children who are not fully immunized with DTaP. In **2012, Colorado had a serious pertussis epidemic!**

IPV is inactivated **polio** vaccine and is given as a shot, replacing the oral vaccine (OPV) in the U.S. At 6 months of age, a child should have at least two polio vaccinations. A child will have a fourth polio shot between the ages of four and six years to prepare for kindergarten. If the third polio shot was given at four years of age, the requirement is met and no further polio vaccinations are needed.

The poliomyelitis virus affects the spinal cord, and can cause paralysis. It can kill people who get it by paralyzing the muscles used for breathing. The vaccine has been so successful that we no longer see polio disease in the United States. There still, however, is polio disease in some developing countries.

Hib vaccine protects against the bacteria called ***Haemophilus influenzae type b***. The schedule for Hib depends on when the child first starts getting the vaccine. If a child is five years old, the vaccine is no longer required. If the child has their first Hib vaccine at or after 15 months of age, the requirement is only one dose. If the first dose of vaccine is given between the ages of 12 to 14 months, two doses are required. If the child is given their first dose before the age of 12 months, three doses are required and another dose after 12 months of age. Hib is commonly “combined” with other vaccines.

Haemophilus influenzae type b can cause meningitis, an infection of the brain and spinal cord coverings. Complications can include brain damage, seizures, paralysis, hearing loss, and death. Hib disease can also cause pneumonia, swelling in the throat (making it hard to breathe), and infections of the blood, joints, bones, and covering of the heart. The disease

usually affects children under five years old and is especially dangerous for children under two. Before the vaccine was available, about 20,000 children in the U.S. got severe Hib disease each year. Almost all of those cases were in kids under 5 years of age.

MMR is a vaccine that protects against **Measles, Mumps, and Rubella** (“German Measles”) viruses. The child must be at least 12 months of age before receiving his or her first MMR shot. If MMR was given more than 4 days before the 1st birthday, it will **not** be accepted and is an **invalid** dose. The invalid dose must be repeated in order for the child care to be in compliance. The second MMR shot is typically given between four and six years of age, however can be given at an interval of 4 weeks.

Measles, mumps, and rubella are spread through the air by a cough or a sneeze. If you are not protected, you can get any of these diseases just by being around or talking to someone with the disease.

Measles can cause a rash, cough, runny nose, eye irritation, and fever. It can lead to pneumonia, ear infections, brain damage, seizures, and death. In the 10th century, measles was more feared than smallpox. In the U.S., the first measles vaccine was approved in 1963. It is estimated that the number of measles cases before 1963 was three to four million each year. In 2002, 44 cases were reported. There were measles outbreaks between 1989-1991 and again in 2008 when parents chose not to vaccinate their children because of fears about the vaccine. Again, many people were hospitalized and there were deaths associated with the disease.

Mumps can cause a headache, swollen glands, and fever. It can lead to meningitis, deafness, and painful swelling of the testicles or ovaries. Approximately 212,000 cases of mumps occurred in the U.S. in 1964. In the U.S., an effective mumps vaccine was approved in 1967. In 2006, there was an outbreak in many states with more than 6,000 reported cases.

Rubella can cause a rash, mild fever, and joint pain. If a woman gets rubella while she is pregnant, her baby could be born too early or with serious birth defects including hearing, eye, and heart problems. In the U.S., a rubella vaccine was approved in 1969, the same year 57,686 cases were reported. Reporting of rubella disease is now very rare.

Hep B is the **Hepatitis B** vaccine that protects against the liver disease caused by the Hepatitis B virus. Three HBV shots should be given by the time the child turns 19 months of age. The first dose of this vaccine is typically given at birth (birth dose) and the 3rd dose should not be given until the child turns 6 months (24 weeks) of age.

Hepatitis B is spread through contact with the blood and body fluids of an infected person. The disease can cause a headache, rash, fever, tiredness, diarrhea, vomiting, dark urine, yellow skin or eyes, and pain in the muscles, joints, and stomach. It can lead to liver damage, liver cancer, and death. It is estimated that 1,250,000 people in this country have the disease. A Hepatitis B vaccine has been available in the U.S. since 1981.

Varicella vaccine protects against **chickenpox**, a common childhood disease. Unless the child has had the chickenpox disease, they will need one dose of varicella vaccine no sooner than 4 days before the first birthday and a 2nd dose at kindergarten entry. If a child had a case of chickenpox, it must be documented by a health care provider. This documentation is considered a reliable history of disease and the child will not need a vaccination as he/she is considered immune. (**MMRV** is measles, mumps, rubella and varicella vaccine)

The chickenpox virus can cause fever, aches, a blister-like rash, and itching. It can lead to skin infection, scars, pneumonia, dehydration, brain damage, and death. The virus is spread through the air or from contact with the fluid in the blisters. Before the vaccine was approved in 1995, the number of chickenpox cases was about 4 million per year. Disease cases have dramatically declined since the vaccine has been recommended.

PCV13 is the vaccine that protects against pneumococcal disease caused by a bacteria. One to four shots are given depending on how old the child was when he/she received the first shot (See “Child Care Immunization Chart 2013-14 School Year”).

Pneumococcal disease can cause bacteremia which is a blood infection and bacterial pneumonia. It is also a common cause of acute otitis media and middle ear infection. Complications from pneumococcal otitis media can include mastoiditis and meningitis. The risk of pneumococcal disease and acute otitis media in the childcare setting is increased for children under 5 years of age. The PCV vaccine has been shown to be 90% effective in reducing invasive pneumococcal disease in infants and toddlers.

“Immunizations - a true medical success story. Without question, immunizations protect our children from dangerous infections that can cause long-term disease, disability, even death.”

(Don Cook, MD, American Academy Pediatrics)



IMMUNIZATION SCHEDULE FOR PRE-KINDERGARTEN SETTINGS



DTaP	4 doses (1 st dose by 4 months of age, 2 nd dose by 6 months of age, 3 rd dose by 12 months of age, 4 th dose by 19 months of age)
IPV	3 doses (1 st dose by 4 months of age, 2 nd dose by 6 months of age, 3 rd dose by 19 months of age).
Hib	3 doses, 8 weeks apart, if series started at less than 12 months of age and 1 additional dose after 12 months of age; 2 doses, 8 weeks apart, if series started between 12 to 14 months of age; 1 dose if series started at 15 months of age or older, No doses required when child turns 5 years of age.
MMR	1 dose required by 15 months of age (can give no sooner than 4 days before the 1 st birthday)
Hep B	3 doses (1 st dose by 4 months of age; 2 nd dose by 6 months of age; 3 rd dose by 19 months of age. (3 rd dose no sooner than 6 months of age)
Varicella	1 dose required by 15 months of age unless child has had the disease (can give no sooner than 4 days before the 1 st birthday)
PCV13	3 doses, 8 weeks apart, if started between 2 – 6 months of age & 1 final dose between 12 – 15 months; 2 doses, 8 weeks apart, if started between 7 - 11 months of age & 1 final dose between 12 – 15 months; 2 doses, 8 weeks apart, if started between 12 – 23 months. 1 dose meets the requirement for those not completely vaccinated at ages 24 months through 4 years. No requirement once the child turns 5 years of age.



MINIMUM INTERVALS



The minimum interval refers to the appropriate time spacing between vaccines. The following vaccines required for school entry must follow those minimum intervals.

Hepatitis B: The second dose should be administered at least 4 weeks after the first dose and the third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose must be given at, or after, 6 months of age.

MMR: There should be at least 4 weeks between dose 1 and dose 2. The new requirement accepts 1 dose of Rubella, 2 doses of measles and 2 doses of mumps.

Varicella: There should be at least 3 months (12 weeks) between dose 1 and dose 2.

DTaP: There should be at least 4 weeks between doses 1 & 2; at least 4 weeks between doses 2 & 3; at least 4 months between doses 3 & 4; and at least 6 months between doses 4 & 5. The final dose (4th or 5th dose) must be given between 4 through 6 years of age.

***A rule of thumb to remember is that a vaccine given *no more* than 4 days before the minimum dose or minimum age is considered valid dose.**

OTHER “Recommended” VACCINES



Other vaccines that are not ‘required’ but are ‘recommended’ for some ages include:

RotaTeq protects against a diarrheal illness caused by **Rotavirus**

Hep A which protects against the liver disease **Hepatitis A**

Influenza which protects against the **flu**

CHILD CARE STAFF (ADULT) IMMUNIZATIONS

It is so important that child care staff are appropriately immunized to protect themselves, their families and the infants and children they care for in the child care setting. The Department of Human Services (DHS), the licensing agency for Colorado child cares, state in the Rules Regulating Child Care Centers (Less than 24-Hour Care), Section 7.702.51, "E" the following requirement: ***"Staff members must be current for all immunizations routinely recommended for adults by their health care provider."*** Section 7.702.102, A.3. **"Staff must provide immunizations record,"** Section 7.702.62, A.1.

CDC recommends several adult immunizations:

- **Chickenpox (varicella):** 2 doses of the series for those who have not had chicken pox disease
- **Hepatitis B:** 3 dose series for staff who perform tasks that involve exposure to blood or body fluids
- **Hepatitis A:** Frequently recommended for child care workers (2 dose series)
- **Influenza (flu):** All child care personnel should receive an annual vaccination against flu.
- **Measles, Mumps and Rubella (MMR):** 2 doses protect against disease. Staff born in 1957 or later who don't have a lab verified blood test proving immunity to the diseases, should receive 2 doses of MMR, 4 weeks apart.
- **Tetanus, Diphtheria and Pertussis (Tdap):** A one-time dose of Tdap should be administered as soon as possible to all child care personnel who have not received Tdap previously. **(Colorado had a pertussis epidemic in 2012 and infants and young children were the most vulnerable individuals).**
- **Pneumococcal:** 1 dose is generally recommended for persons 65 years of age and older. Also recommended for adults 19 years of age diagnosed with asthma or for adults who are smokers.

Some insurance companies cover immunizations, so obtaining those vaccines will be an important part of maintaining your health and the health of the children you care for. An additional resource for lower cost vaccines is your local public health department.

Colorado Website for Schools and Child Cares

The Colorado Immunization Section provides a "School Immunizations" page for your use. This page includes required parent letters, charts for reading immunization schedules, forms, the Child Care Immunization Course and other important documents to support your efforts to make sure that you are in compliance with the School Immunization Laws: www.ColoradoImmunizations.com

TALKING TO PARENTS ABOUT VACCINE SAFETY

Because of the many misleading and distorted news reports, parents have become increasingly fearful or hesitant about having their child immunized. Parents also want to protect their child from vaccine-preventable diseases and sometimes need direction about what is the best thing to do for their child's health.

The Colorado Children's Immunization Coalition, in collaboration with the Colorado Department of Public Health and Environment, created a wonderful parent immunization website that provides lots of factual information about vaccines and how they protect against disease. It would be great if you, as a child care provider, viewed this site and recommended it to parents. It provides honest, factual information about vaccinations and vaccine safety and will help you guide parents in making good choices about their child's health. Encourage them to talk to their doctor or clinic about vaccinating their child. The website is geared specifically towards parents, and will answer many questions:

www.ImmunizeForGood.com

www.VoicesForVaccines.org

<http://www.vaccinateyourbaby.org/faq/index.cfm>

<http://www.chop.edu/service/vaccine-education-center/order-educational-materials>

Did You Know:

As a private center or home, you can choose not to accept religious or personal exemptions because private entities are not bound by the school attendance laws. More often, parents are seeking child cares and preschools that have well vaccinated student populations so that their immune compromised children will be better protected against vaccine preventable diseases. Some of these children, because of their health condition, cannot get certain vaccines and need to be in a vaccine protected environment. They will likely have Medical Exemptions signed by a physician or advanced practice nurse.

Also in 7.702 Rules Regulating Child Care Centers (Less than 24-Hour Care), 7.702.62 Health Care, A. 6, second sentence: Parents must be notified in writing prior to their child's enrollment in the center if non-immunized children are admitted to the center. This information must be contained in the policies required at Section 7.702.41, F.

Many parents want to know that their child is in a setting where there is a well vaccinated population (children and staff). Many parents also want to know if there are children and staff that are not fully protected with the required and recommended vaccines.

Supporting Child Care and Preschools in Keeping Children Healthy

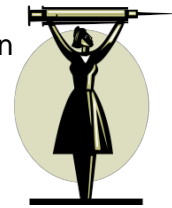
The Immunization Program at the Colorado Department of Public Health and Environment (CDPHE) provides assistance in many areas of child, adolescent, and adult immunizations. For details about Colorado's School Immunization requirements, contact:

Jamie D'Amico RN,MSN,CNS at 303-692-2957 or jamie.damico@state.co.us

For immunization materials and other resources, be sure to log on to the immunization website and go to the "School Immunization" link at www.ColoradoImmunizations.com

"Immunizations - a true medical success story. Without question, immunizations protect our children from dangerous infections that can cause long-term disease, disability, even death."

(Don Cook, MD, American Academy Pediatrics)



Immunization Course for Childcare Providers in Colorado Signup Procedure

Creating an Account with COTRAIN

1. To sign up for the Immunization Course for Childcare Providers course, logon to the web site <https://www.co.train.org>.
2. You must first create an account by clicking on “Create Account” under Member Login on the left side of the page under the **Home** tab.
3. Review the TRAIN policies and check the box agreeing to the policies. Click the **Next** button.
4. Fill out the information page to create your login name and password. Each field must be filled out beside the optional fields on the right side of the screen.
 - a. Under the **Organization name** and **Department/ Division** fields, enter the word *None*. Click the **Next** button.
5. Select the region of your work place under the drop down menu after referring to the region map. Then, select the county under the county drop down menu. Click the **Next** button.
6. Answer the question pertaining to the Medical Reserves corps by selecting “yes” or “no.” Click the **Next** button.
7. Answer the question pertaining to additional CDC Training by selecting the “no” option. Click the **Next** button.
8. Select your professional role, Childcare Provider. Click the **Next** button.
9. Select your work setting. Click the **Next** button.
10. Enter your demographic information. Click the **Next** button.
11. Your account has been created. Click the **Continue** button.

Registering for the Course

1. Once you are logged into your account, click on the **Search** at the top left-hand side of the screen.
2. Click on the **Search** option.
3. Enter *Immunization Course for Childcare Providers* and select the “Course Title” option. Click the **Search** button.
4. Select the *Immunization Course for Childcare Providers*; it should be the only option.
5. The next screen will give you the course information and description. The course ID should be **1025057**.
6. Click on the **Registration** tab. Under the “Select Credit Type” drop down menu, select **Contact Hours**. Click the **Launch** button and begin the course.

Navigating the On-Line Course

1. To move from page to page, click on the **arrow keys** at the top of the page.
2. The **Home** button brings you back to the first page.
3. Clicking on a link brings up a separate window for viewing purposes. Exit out of the link window to return to the course. Technical support: 303-692-3020

