

# **Tennessee Immunization Program Updates**

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**Murfreesboro, Tennessee**  
**November 3, 2011**

# Objectives

- Recent changes in federal recommendations
- Tennessee immunization coverage levels
- Impact of federal budget cuts on health department vaccines
- Tennessee school/college requirements
  - Including your feedback and how we are using it
- Your questions and discussion

# Influenza Vaccine 2011-2012

- 6 months and up
- Vaccination during pregnancy: 2 for 1
- Same vaccine strains as 2010-11
- Protection for at least a year in general
  - It is **not** too early to vaccinate in August or September
- Children <9 years who had **no flu vaccine last season** need **2 doses** (at least 1 month apart) this season
  - To assure adequate immunity to the 2009 H1N1 strain
  - Generally, 2 doses recommended only for vaccine naïve children or those who got 1 dose in their first season (if the immediately preceding season)

# Tetanus-diphtheria-pertussis (Tdap)

- Routine at 11-12y, for adults, next tetanus booster, anyone who cares for infants
- No waiting period between last Td and Tdap
- Age 7-10, never completed DTaP? Give Tdap
- Over 65 and never had Tdap? Permissible – and recommended if caring for an infant or HCP
- **Pregnant? Tdap Recommended!** after 20 weeks
  - Safe. Helps prevent illness in mom, may also reduce likelihood of infection of neonate by transferring protective antibodies to neonate.

# Meningococcal Conjugate Vaccine: 2<sup>nd</sup> Dose Recommended

- Most important age for protection 16-21y
- Original recommendation: 1 dose at 11-12
  - Belief it would protect about 10 years
  - Protection requires high circulating antibodies, titers dropped off 3-5 years after dose
  - Second dose strongly boosts titers, slower decline
- **New recommendations:**
  - 1<sup>st</sup> dose age 11-12 (13-15 if late), **2<sup>nd</sup> dose at 16y**
  - Minimum of 8 weeks between 1<sup>st</sup> and 2<sup>nd</sup> doses
  - If already 16 or older at **first** dose, only 1 dose given
  - See ACIP recommendations for details

# Human Papillomavirus Vaccine

- Advisory Committee on Immunization Practices (ACIP) votes October 25 on males:
  - Routine for all boys 11-12 years (may begin at 9)
  - Catch up routinely for all boys 13-21
    - May catch up young men 22-26 (permissive)
- Why now?
  - Finally data on serious HPV disease (cancer, warts) in men and boys

## Hepatitis B Vaccine: Adults with Diabetes (DM)

- Adults 20-60 years with DM have **double** the risk of HBV compared to general population
  - Likely due to many needlesticks, risk when using a shared glucometer (infection control failures)
- Data not as strong for those over 60
- Give hepatitis B vaccine to any diabetic who has not had the series
  - Checking titers or revaccinating those known to have been vaccinated before is not recommended

# Pneumococcal Conjugate Vaccine (PCV) 13

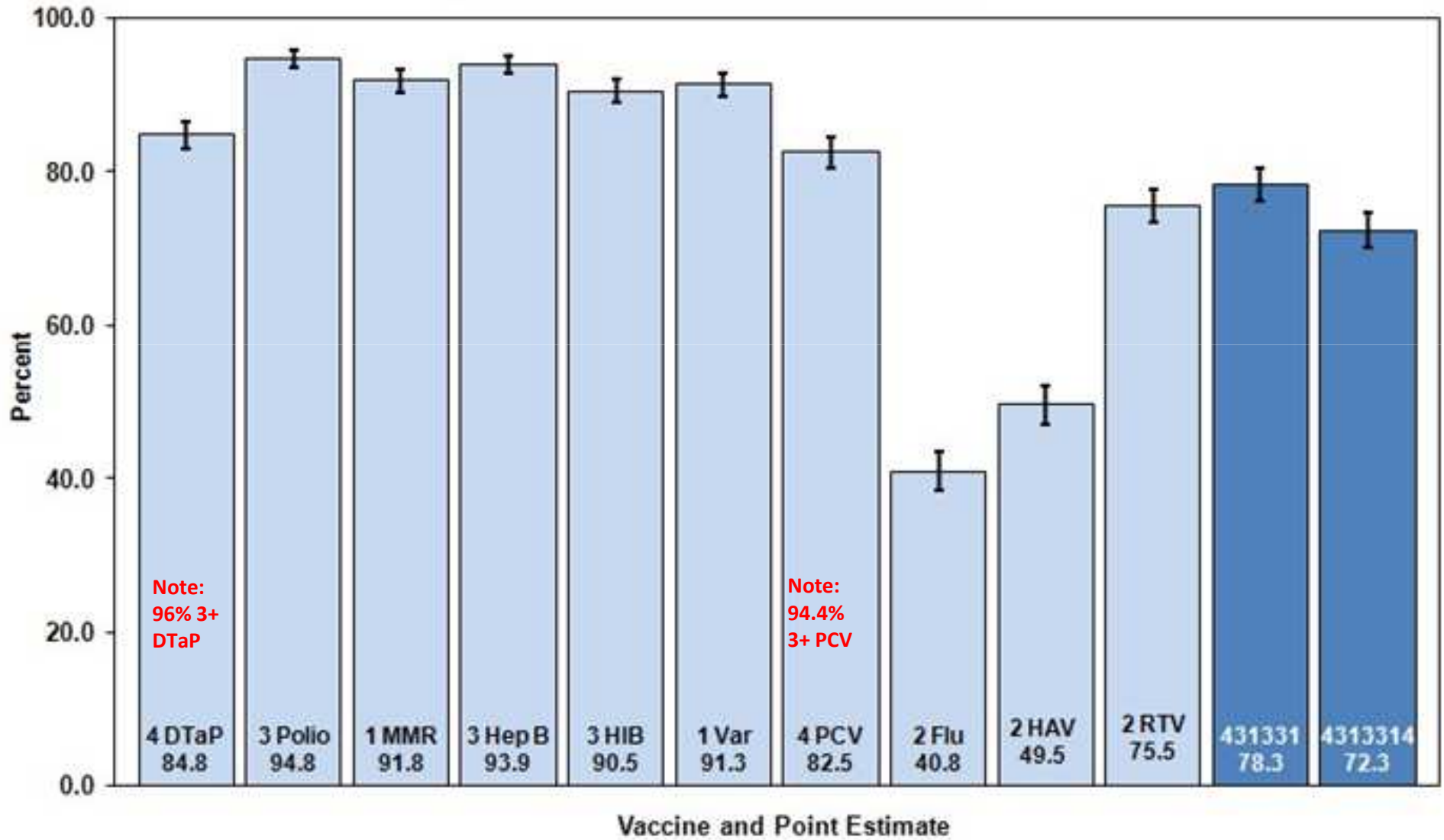
- Older children up to 5<sup>th</sup> birthday who completed 7-valent PCV series need 1 dose of 13-valent PCV
- This extra dose is NOT required to meet state immunization requirements for daycare!
  - But it is very beneficial to the child!
- 13-valent PCV guidance for adults 50 and up is being considered by ACIP



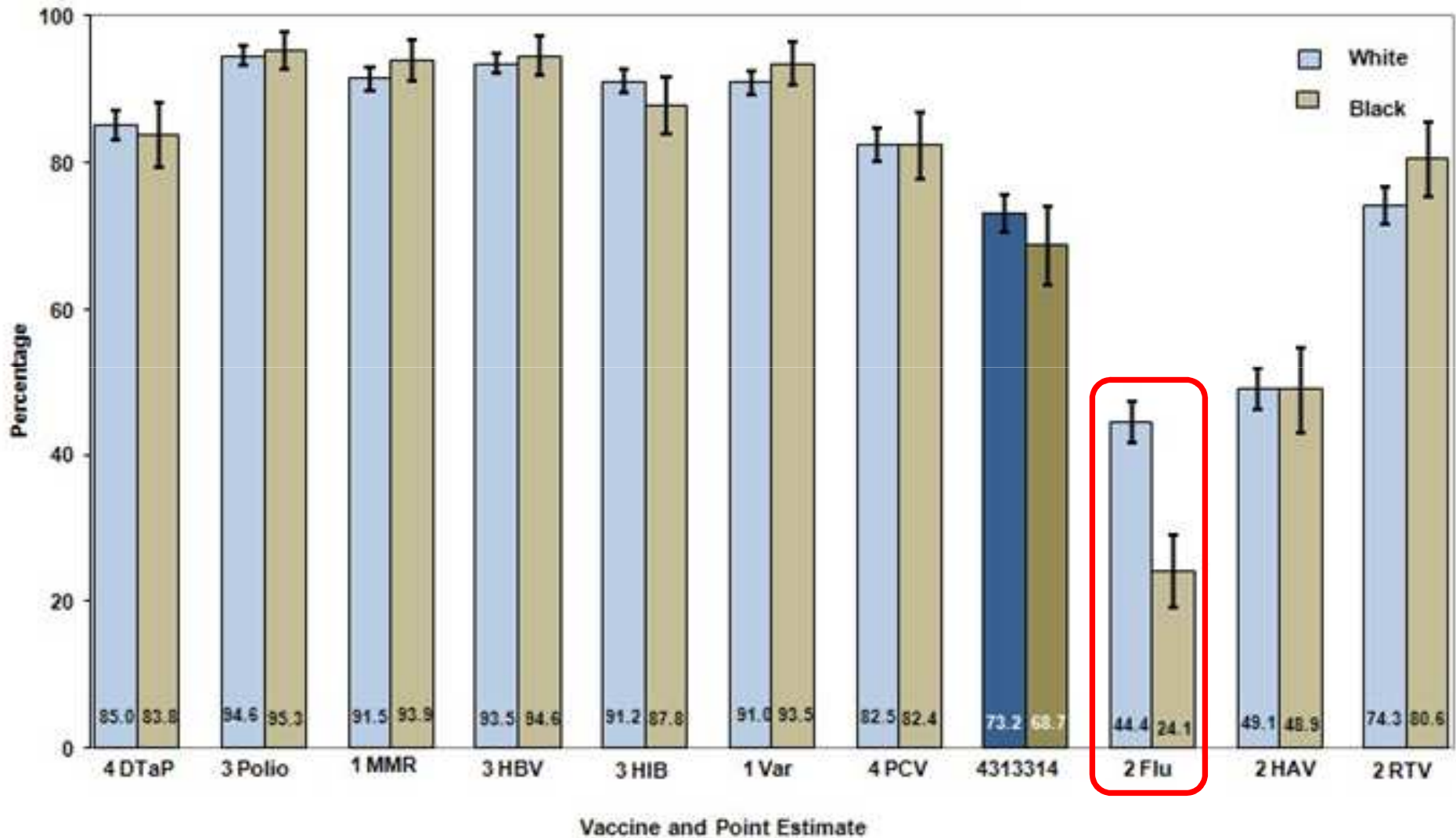
## 2010 Tennessee Annual Survey of On-Time Immunization of 24 Month Old Children

- About 1,500 TN children surveyed annually
- More state detail than CDC's National Immunization Survey of 19-35 month olds
- Goal: 90% coverage for each of 7 vaccines: DTaP, Polio, MMR, Hepatitis B, Hib, Varicella, PCV (TN reached goal for 5 of 7)
  - 60% for Hepatitis A, 80% for rotavirus (HP 2020)

2010 Immunization Status of 24-Month-Old Children in Tennessee:  
 Statewide percentage of children with age-appropriate immunization levels by vaccine  
 (point estimates and 95% confidence intervals)



2010 Immunization Status of 24-Month-Old Children in Tennessee: Statewide percentage of children with age-appropriate immunization levels by vaccine and race (point estimates and 95% confidence intervals)



# 2009 vs. 2010 CDC National Immunization Survey for ages 13-17 years (NIS-Teen)

View original MMWR article at <http://www.cdc.gov/mmwr/pdf/wk/mm6033.pdf>

Vaccine	2009 US	2009 TN	2010 US	2010 TN	US change*	TN change*
<b>1+ Tdap</b>	55.6 (54.3-56.8)	<b>48.0</b> (42.0-54.0)	68.7 (67.5-69.8)	<b>58.7</b> (52.4-64.8)	+13.1	<b>+10.7</b>
<b>1+ Men-ACWY</b>	53.6 (52.4-54.9)	<b>52.1</b> (46.1-58.1)	62.7 (61.5-63.9)	<b>50.6</b> (44.4-56.8)	+ 9.1	<b>-1.5</b>
<b>1+ HPV (♀)</b>	44.3 (42.4-46.1)	<b>43.6</b> (35.4-52.1)	48.7 (46.9-50.5)	<b>33.1</b> (25.7-41.4)	+ 4.4	<b>-10.5</b>
<b>3+ HPV (♀)</b>	26.7 (25.2-28.3)	n/a	32.0 (30.3-33.6)	<b>26.3</b> (19.7-34.2)	+5.3	n/a

¥95% confidence intervals in parentheses

\*Percentage point difference of point estimates (2010-2009), confidence intervals wide

# Federal funding cuts impact vaccines available free in local health departments

- **Cuts do not affect Vaccines for Children (VFC) Program**
  - Age 0-18 AND: (a) Uninsured; (b) TennCare; (c) Native American; or (d) [*in HD, FQHC only*] Privately insured but plan excludes vaccines (“underinsured”)
- **Adult vaccine changes:**
  - Routine vaccines limited to **uninsured**
  - Vaccines given for post-exposure prophylaxis as indicated (outbreak control)
- **Childhood vaccine changes:**
  - **7 through 18 years**, non-VFC [private insurance with vaccine benefits] **only** vaccines the child needs to meet state school entry requirements
    - Refer elsewhere for meningococcal, hepatitis A, HPV, or any other vaccine recommended but not required for that child
- “Dear Provider” memo online to explain changes (<http://twis.tn.gov>)

## Diseases Covered by Tennessee Child Care and School Immunization Requirements *(2010 changes in bold, italics)*

TN Rule Chapter 1200-14-1-.29: <http://www.tn.gov/sos/rules/1200/1200-14/1200-14-01.20101029.pdf>

Disease	Child Care	Kindergarten	New students, Grades 1-12	All incoming 7 <sup>th</sup> graders	College
H. flu type B (Hib)	Up to date/ complete	-	-	-	-
<b><i>Pneumococcus (PCV)</i></b>	<b><i>Up to date/ complete</i></b>	-	-	-	-
Diphtheria, Tetanus, Pertussis	Up to date (no 4y dose)	Complete (incl. 4y dose)	Same as K, Tdap not req'd	<b><i>Tdap booster</i></b>	-
Measles, Mumps, Rubella	1 dose	2 dose	2 dose	-	2 dose
Polio	Up to date (no 4y dose)	Complete (incl. 4y dose)	Complete (incl. 4y dose)	-	-
Hepatitis B	Up to date/ complete	Complete	Complete	-	<b><i>If training incl. direct pt. care</i></b>
<b><i>Hepatitis A</i></b>	<b><i>1 dose</i></b>	<b><i>2 dose</i></b>	-	-	-
Varicella <i>(or disease history)</i>	1 dose	<b><i>2 dose</i></b>	<b><i>2 dose</i></b>	<b><i>2 dose</i></b>	<b><i>2 dose</i></b>

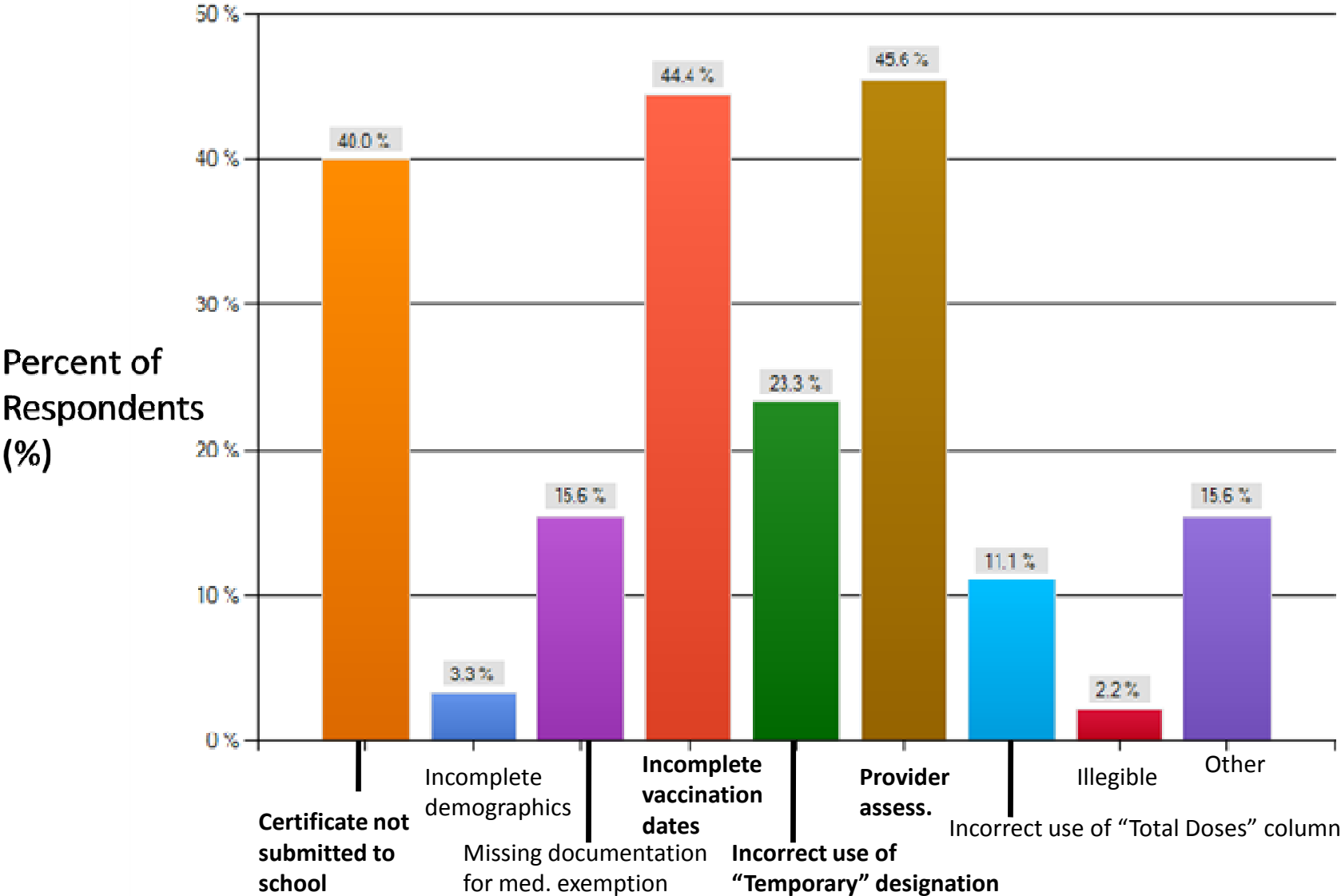
Vaccines recommended by CDC, but not required for school: rotavirus (infants), influenza (all, annually), meningococcal (adolescent), Human papillomavirus (adolescent). Visit <http://health.state.tn.us/TWIS/requirements.htm> or <https://twis.tn.gov> for more information or for the Official Certificate.

*Last updated by Tennessee Immunization Program: January 2011*

# 2011 TASN-TIP School Nurses Survey

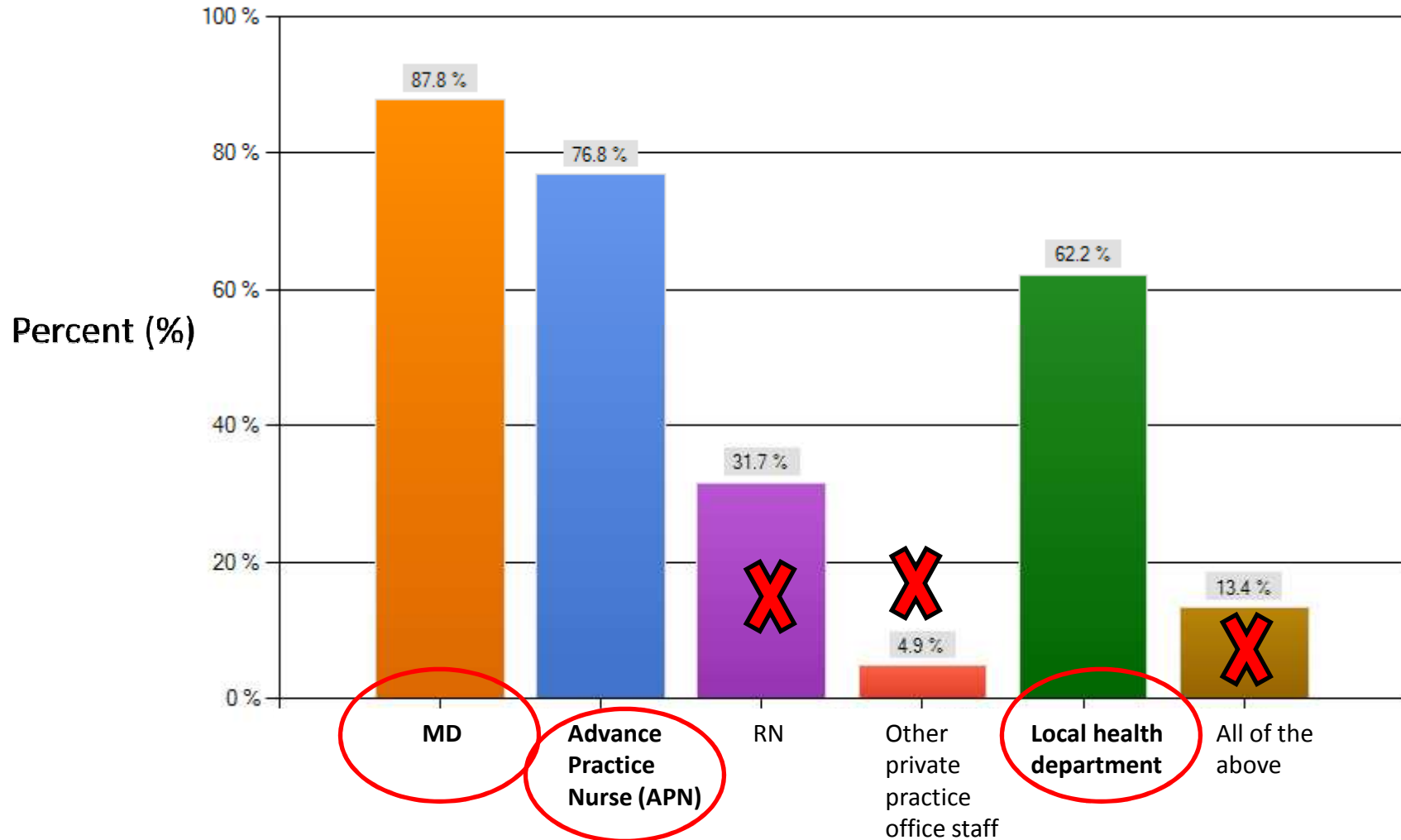
- Evaluation done by Vanderbilt Pediatric ID Fellow Jennie Esbenshade, MD
- Site visits to personally review certificates
  - Private school, found >50% of certificates had at least one error by provider.
- Survey Monkey questionnaire through TASN
  - Got your feedback on common problems
  - Included questions to determine school nurse understanding of rules

# “What are the top 2 errors that, if done correctly, would save you time to ensure each child meets state requirements?”

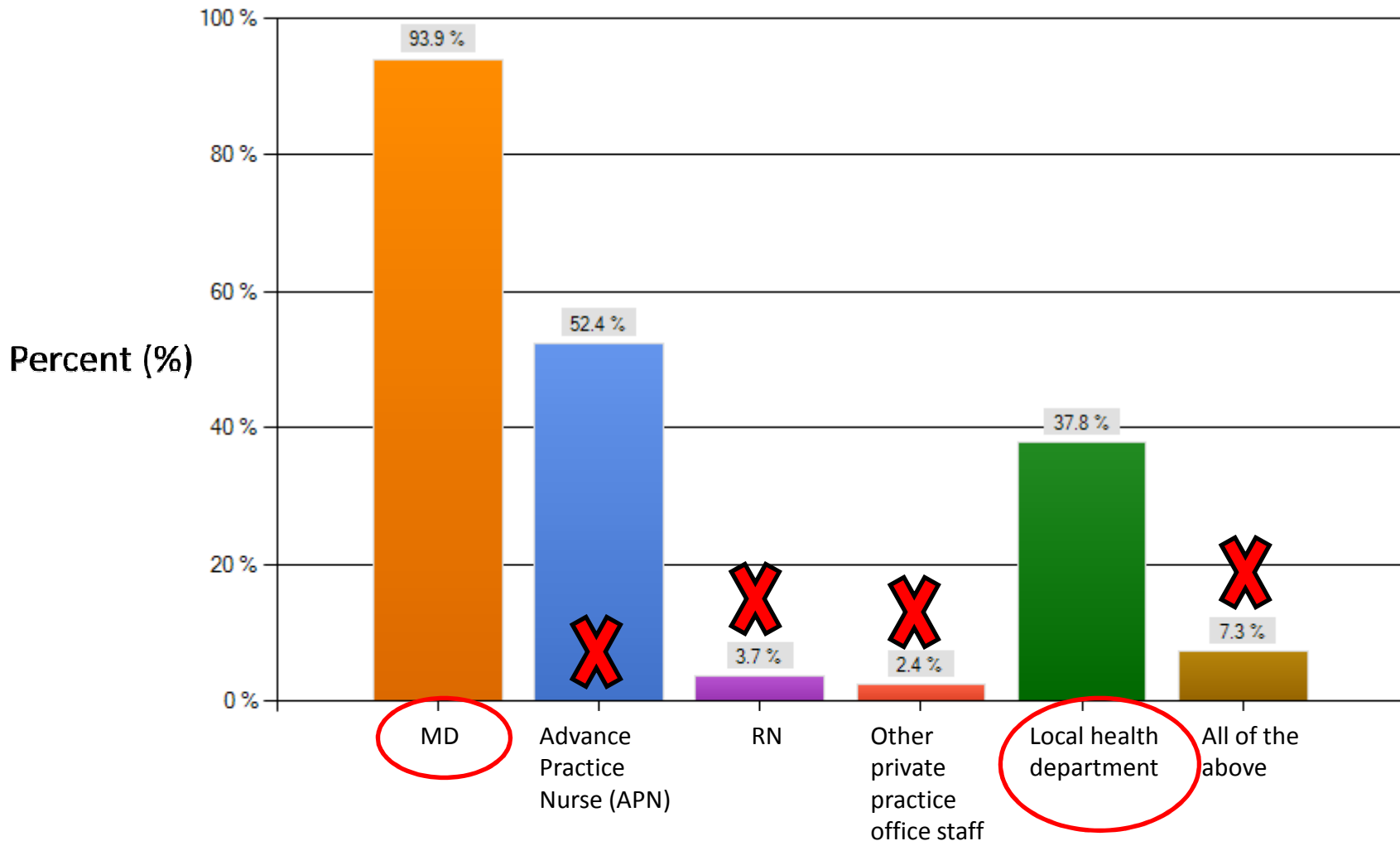




# “What Credentials are Required to Sign a Routine Immunization Certificate?”



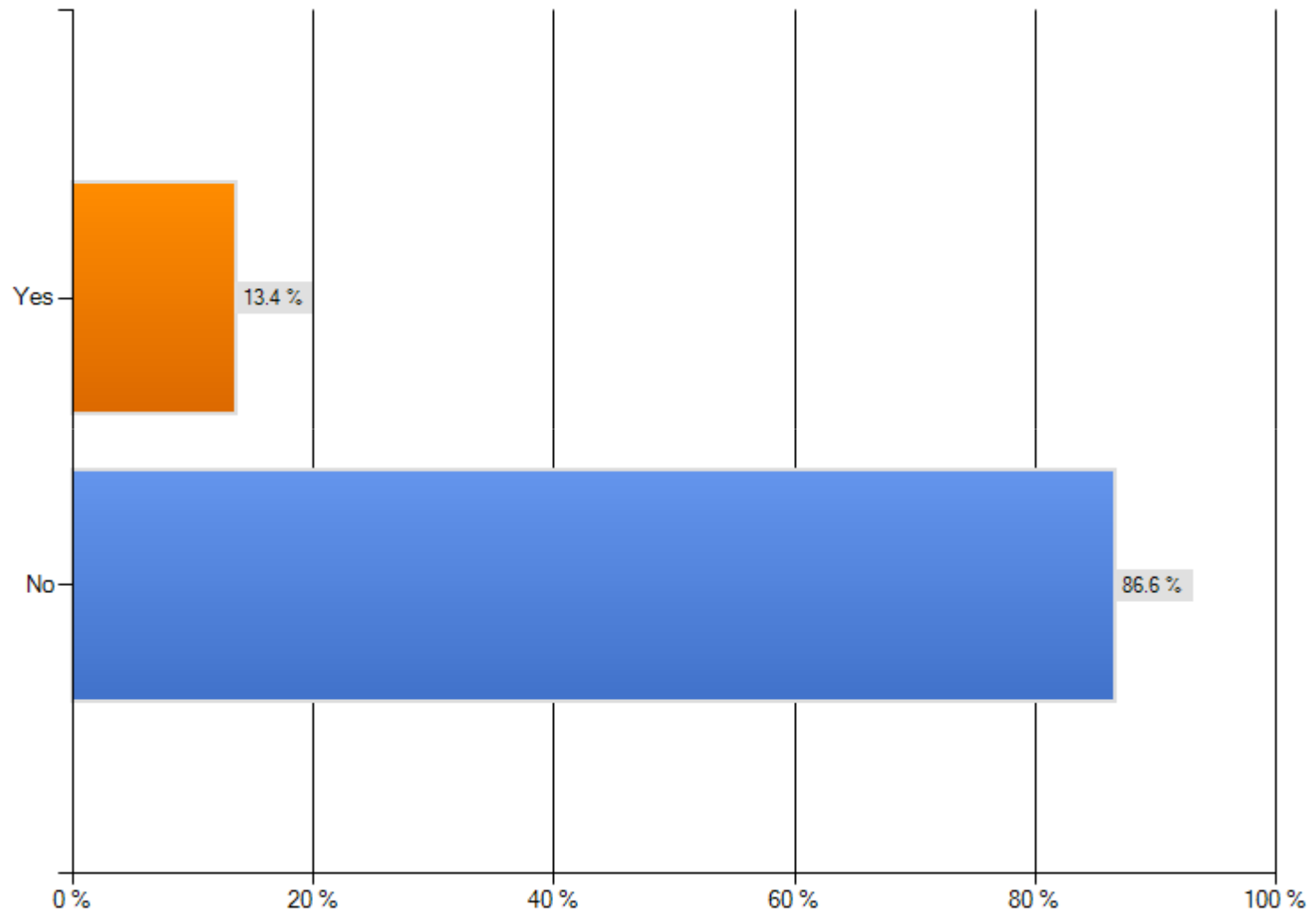
# “What Credentials are Required to Authorize a Medical Exemption?”



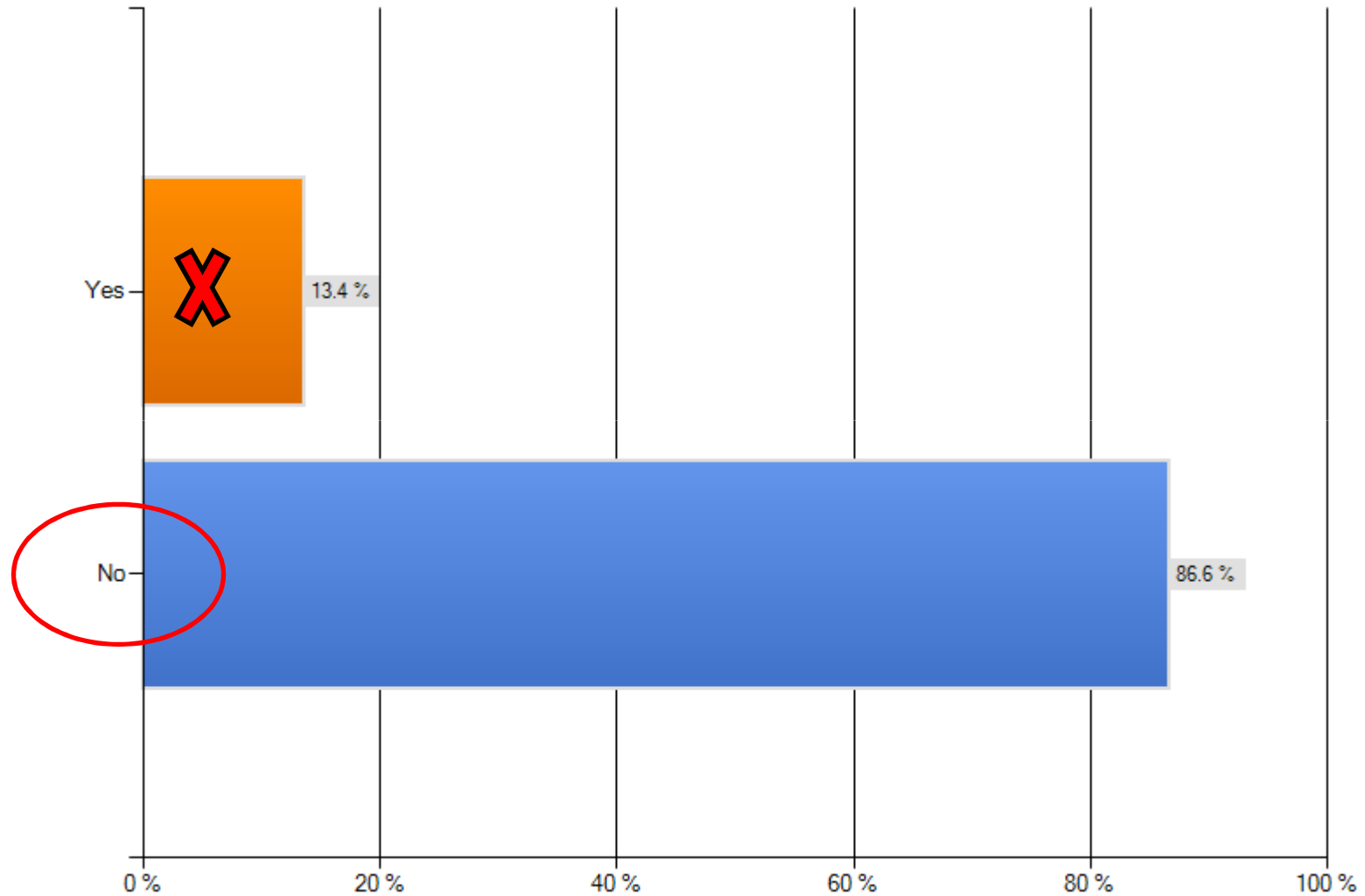
# “What Credentials are Required to Authorize a Religious Exemption?”



**If the provider assessment in the lower left corner is blank, is the certificate still valid?**

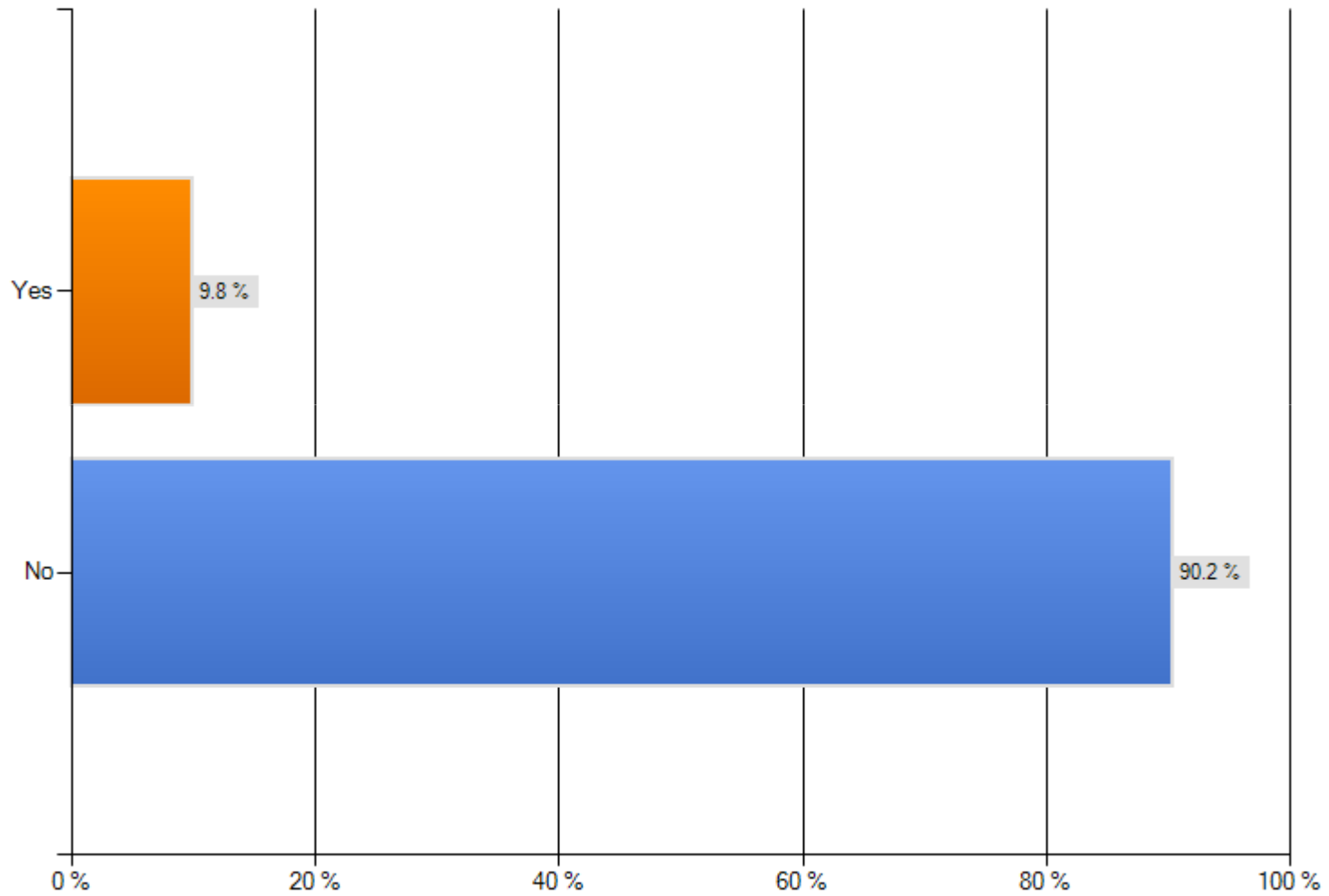


**If the provider assessment in the lower left corner is blank, is the certificate still valid?**

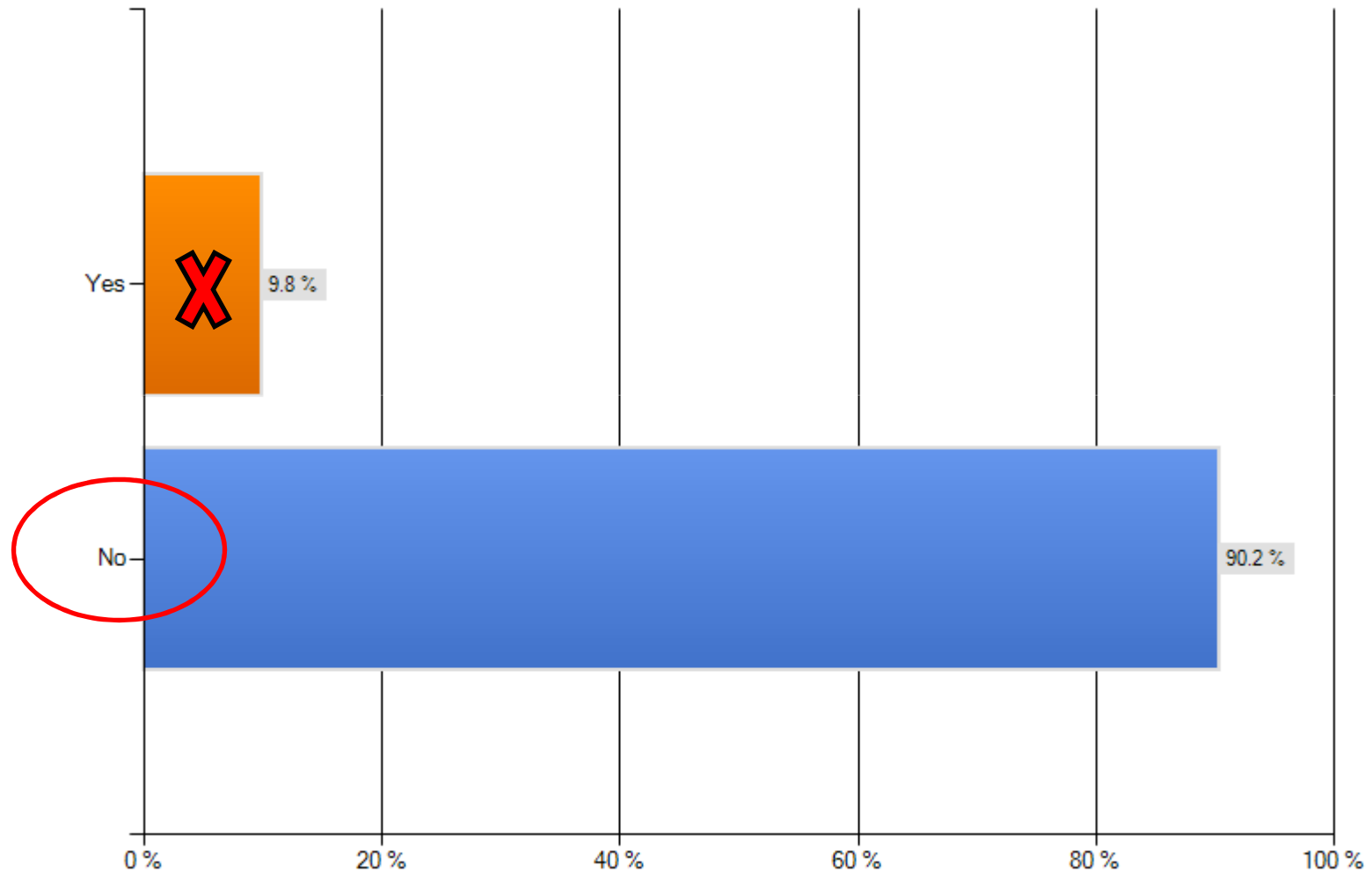


**Answer: No, a correct provider assessment is necessary for the certificate to be valid.**

**If the provider assessment in the lower left corner indicates vaccination is completed, but one or more required vaccine dose dates are missing in the table, is the certificate valid?**

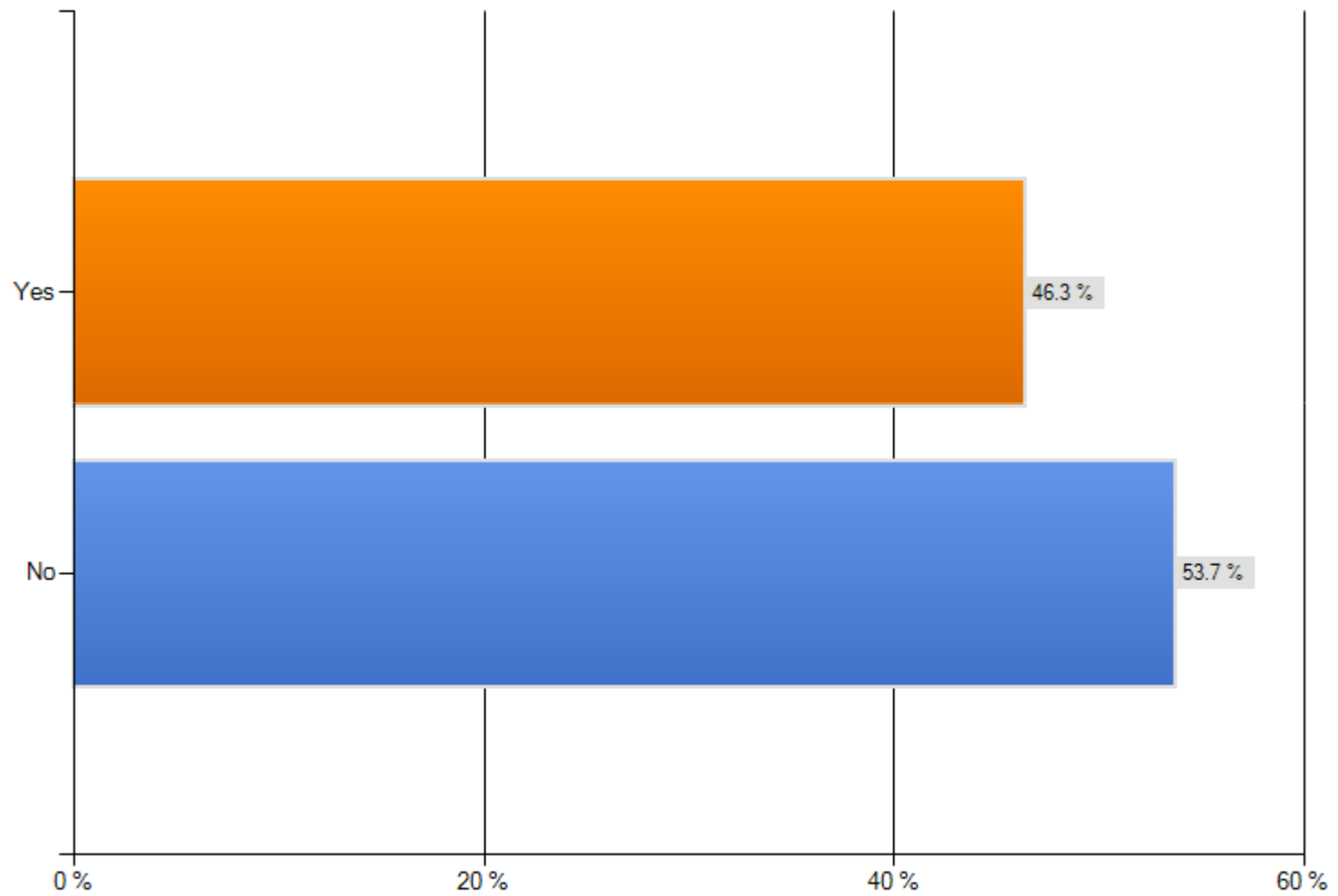


If the provider assessment in the lower left corner indicates vaccination is completed, but one or more required vaccine dose dates are missing in the table, is the certificate valid?



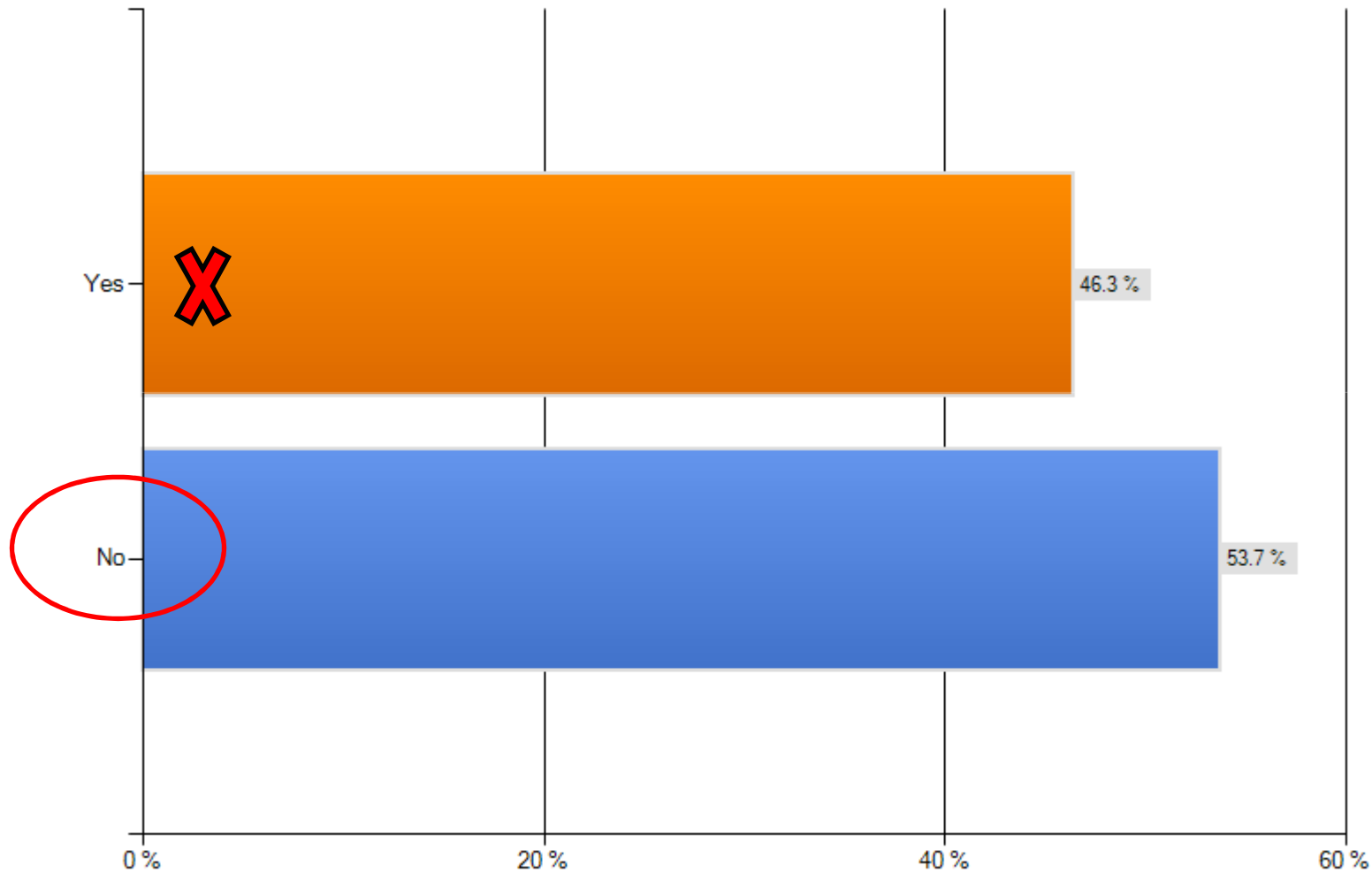
**Answer: No, if there is missing documentation of a required vaccine, the certificate is not valid.**

**Do schools need to review the “Recommended Immunizations (optional) section” for compliance?**



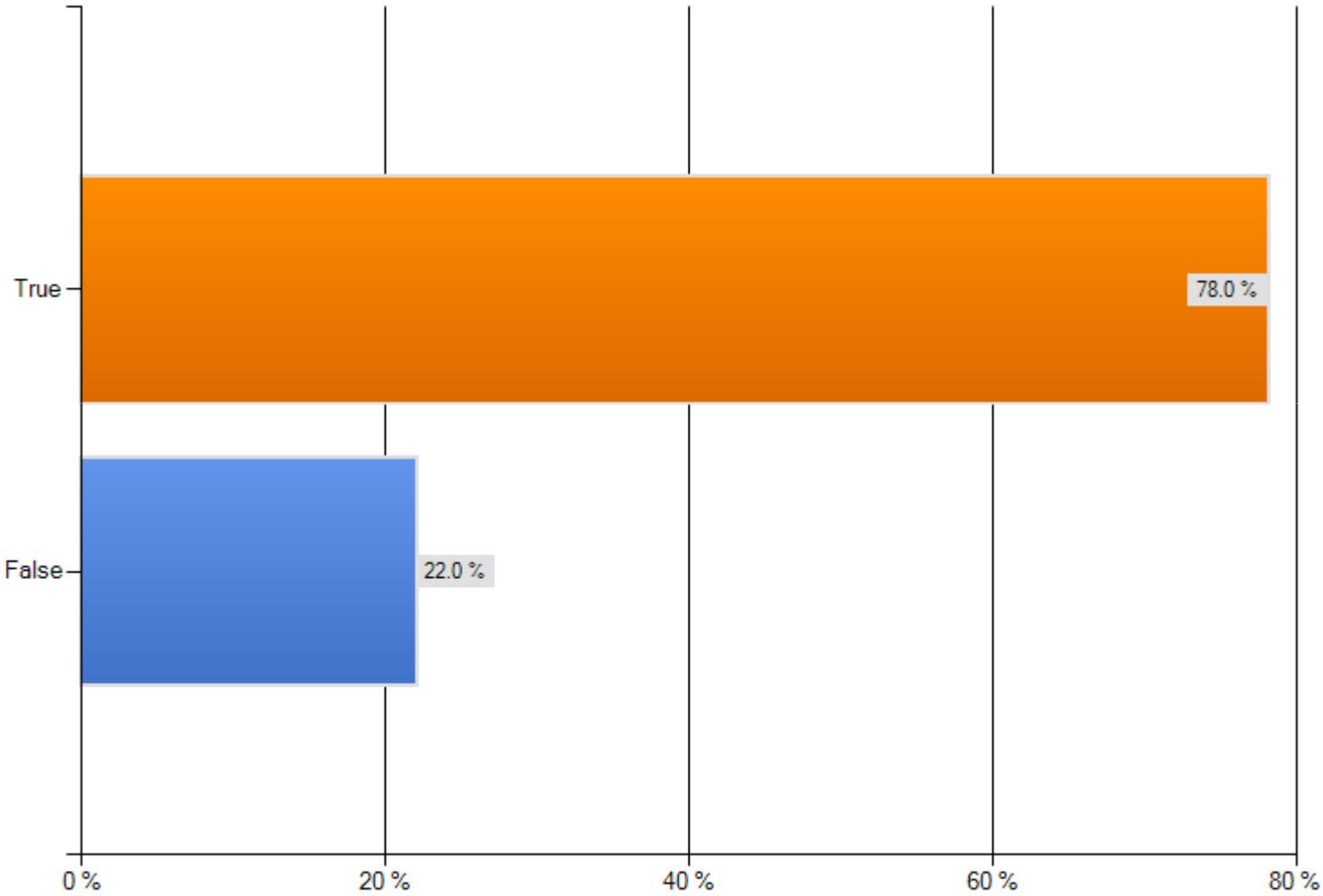


Do schools need to review the “Recommended Immunizations (optional) section” for compliance?

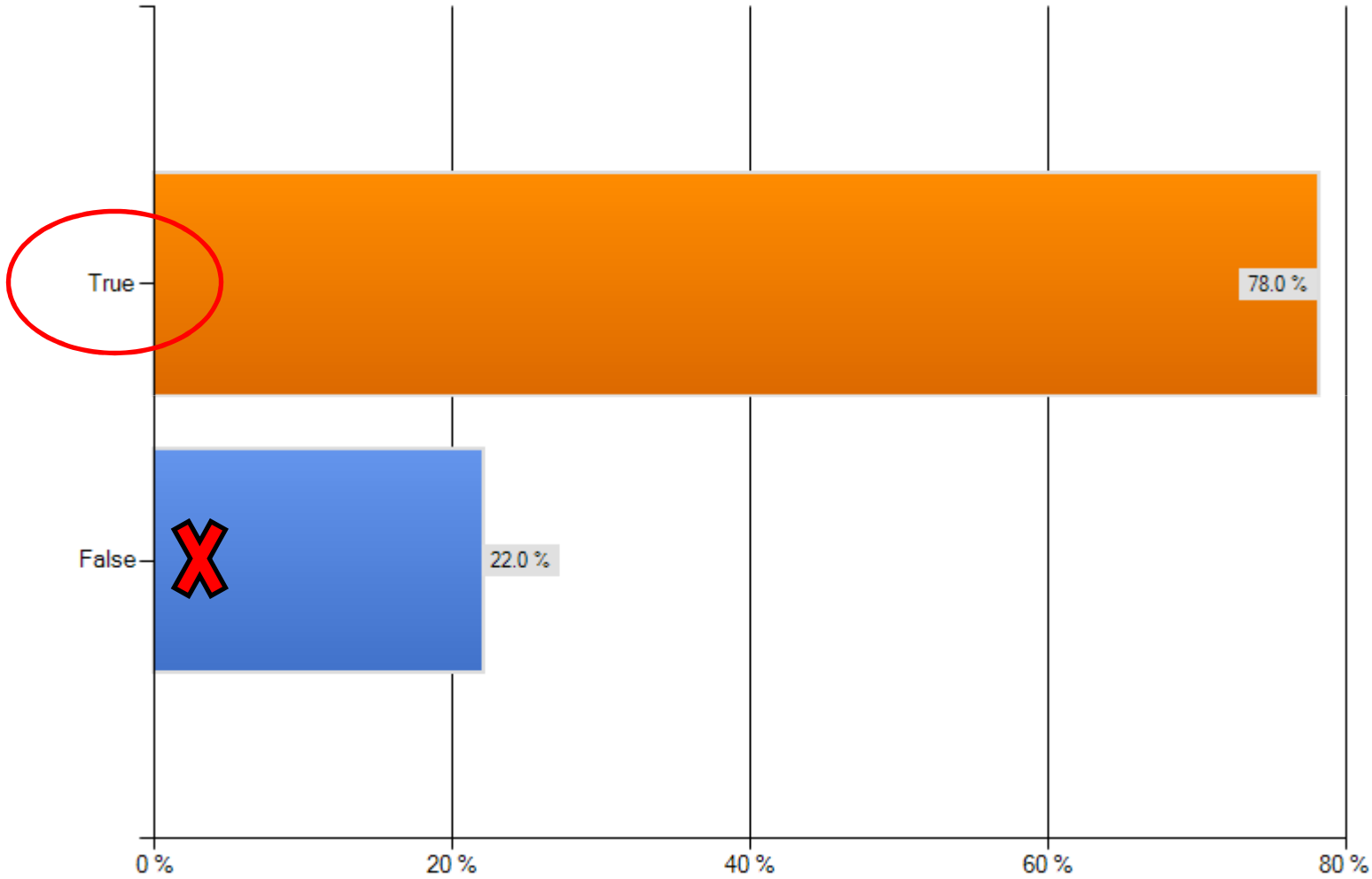


**Answer: No, the “Recommended Immunizations” section does not need to be reviewed.**

**True/False: Since January of 2011, the Department of Education Office of Coordinated School Health policy is that a faxed copy of the Official TN Immunization Certificate IS ACCEPTABLE.**



**True/False: Since January of 2011, the Department of Education Office of Coordinated School Health policy is that a faxed copy of the Official TN Immunization Certificate IS ACCEPTABLE.**



**Answer: True. Faxed copies of the TN Immunization Certificate are acceptable.**

# Immunization Certificate: Revised May 2011

- Section Numbers (easier navigation)
- Section 1 (school specific)
- Reminder that dates are required for doses of required vaccines (Section 2a)
- Medical exemption signed by MD, DO Health Departments only (not PA, APN)
- Section 2b: **not** required – cannot be factored in the provider assessment
- **Section 3. “Provider Assessment” NOT VALID IF BLANK**
  - Clarified the categories (no actual changes in eligibility)
- **Section 4.** Name, address, phone of Qualified provider + signature/stamped signature – **NOT VALID if BLANK!**
  - Clarified who is qualified. MD, DO, APN, PA or Health Department. Private practice RNs, office staff may **not** sign.
- TWIS will pre-print most of this

Use required on or after July 1, 2010.

## Tennessee Department of Health CERTIFICATE OF IMMUNIZATION



Child's Name (Last name, first name, middle) \_\_\_\_\_ Birthdate (mm/dd/yy) \_\_\_\_\_

Parent/Guardian Name (Last name, first name, middle) \_\_\_\_\_

Phone (please include area code xxx-xxx-xxxx) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Section 1a. Religious Exemption**

Check here if religious exemption to immunization selected by parent/guardian

**1b. H** \_\_\_\_\_ (initials)

T \_\_\_\_\_

C \_\_\_\_\_

**1c. C** \_\_\_\_\_

Dental Screening

Vision Screening

Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee. Detailed instructions for this form and explanation of requirements are in "Instructions for Completion of Immunization Certificates" and the "Official Immunization Schedule" at the Tennessee Department of Health website (<http://health.state.tn.us/CEDS/required.htm>) and on the Tennessee Web Immunization System.

VACCINE	DATE	DATE	DATE	DATE	DATE	DATE	Total Doses	Doses (Y)	Exempt (Y)	Religious Exemption (Y)
	MM / DD / YY	MM / DD / YY	MM / DD / YY	MM / DD / YY	MM / DD / YY	MM / DD / YY				
<b>Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)</b>										
Hib <small>Child Care Only (&lt;5 years)</small>										
Pneumococcal (PCV) <small>Child Care Only (&lt;5 years)</small>										
DTP, DTaP, DT, Td										
Poliomyelitis										
Hepatitis B <input type="checkbox"/> Check here if 11-15 year 2-dose schedule used										
Hepatitis A <small>Child Care Effective 7/2010 Kindergarten Effective 7/2011</small>										
Measles										
Mumps										
Rubella										
Varicella										
Tdap Booster <small>7<sup>th</sup> Grade Entry Only</small>										
<b>2b. Recommended Vaccines (Documentation Optional)</b>										
Rotavirus										
Influenza										
Meningococcal										
HPV										

**Section 3. Provider Assessment (✓select one\*, not valid if blank)**

**A) Temporary Certificate - Expires** MM / DD / YYYY  
Expiration date one month after date next catch-up immunization is due.

**B) Up to Date for Child Care Entry and <18 Months of Age**  
Only if requirements incomplete, but up to date for age. Expires at 18 months of age.

**C) Complete for Child Care / Pre-School\***  
Fulfills requirements for child care / pre-school or pre-K under 5 years of age.

**D) Complete K-5<sup>th</sup> Grade\***  
Fulfills requirements, Kindergarten through 5<sup>th</sup> grade.

**E) Complete 7<sup>th</sup> Grade or Higher**  
Fulfills requirements, 7<sup>th</sup> grade or higher.

\*If age 4 years and fulfills requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.

**Section 4. (Required) Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider (MD, DO, PA, Advanced Practice Nurse or Health Department):**

\_\_\_\_\_  
Certified by (Signature/Stamp)

\_\_\_\_\_  
Date of Issue

PH-4103 (Rev. 5/11) RDA-NIA

Section 3

Section 4

## New CDC Immunization Certificate School Audit Requirement for Immunization Program

- Percentage of students in compliance with state immunization requirements is reported to CDC by TIP annually (required by CDC)
- TIP required to validate school self-reports
- Now required to validate 7<sup>th</sup> grade compliance
- Good opportunity to educate/troubleshoot
  - 25% of K, 25% of 7<sup>th</sup> grades (public and private)
    - Review random sample of 50 K files, 50 7<sup>th</sup> files in each school

# College Immunization Requirements

Optional form available in TWIS (Secure Area)

If school will not accept a credible history of disease:

Report to TIP  
(615-741-7247)



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH

Immunization Documentation for New Full-Time Students in a Tennessee Higher Education Institution

This may be used to provide a record that a new student has met the requirement of the Tennessee Department of Health (Rules Chapter 1200-14-1-.29) for immunity to measles, mumps, rubella and/or varicella (chickenpox), when a specific institution's form is not available. This must be signed by a qualified healthcare provider (physician, advanced practice nurse, physician assistant, or public health nurse of a Tennessee public health department). Distance learning (e.g., online) and part-time students are exempt from state requirements. *This does not address hepatitis B vaccination required by the state for students involved in patient care as part of training for a healthcare profession.*

Students may be subject to additional institutional immunization requirements. Students should address questions about institutional requirements or religious exemption policies to the institution.

Student Name: \_\_\_\_\_ Date of birth (\_\_\_\_/\_\_\_\_/\_\_\_\_)

**Measles, Mumps, Rubella** (Check one. If indicating vaccination or serology, dates required.)

- Born before 1957, therefore presumed immune through past illness or
- 2 doses of measles, mumps, rubella vaccines (no earlier than 4 days before 1<sup>st</sup> birthday, ≥28 days apart)  
Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ and \_\_\_\_/\_\_\_\_/\_\_\_\_, or
- Serology (IgG) positive for measles and mumps and rubella: Year\_\_\_\_, or
- Medical exemption (vaccination is contraindicated because of an excess risk of harm)
- Incomplete. One dose of vaccine given \_\_\_\_/\_\_\_\_/\_\_\_\_, next dose due after \_\_\_\_/\_\_\_\_/\_\_\_\_
- Status not assessed at this visit (check if student only needs varicella documentation on this form)

**Varicella or "chickenpox"** (Check one. If indicating vaccination or serology, dates required.)

- Born before 1980, therefore presumed immune through past illness or
- The healthcare provider named below believes the student has had chickenpox:  
Year of illness (optional): \_\_\_\_\_, or
- 2 doses of varicella vaccine (given no earlier than 4 days before 1<sup>st</sup> birthday, ≥28 days apart)  
Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ and \_\_\_\_/\_\_\_\_/\_\_\_\_, or
- Serology (IgG) positive for varicella: Year\_\_\_\_, or
- Medical exemption (vaccination is contraindicated because of an excess risk of harm)
- Incomplete. One dose of vaccine given \_\_\_\_/\_\_\_\_/\_\_\_\_, next dose due after \_\_\_\_/\_\_\_\_/\_\_\_\_
- Status not assessed at this visit (check if student only needs MMR documentation on this form)

Healthcare provider (printed or stamped name & address, and signature)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Thank you!

- [Kelly.moore@tn.gov](mailto:Kelly.moore@tn.gov)
- 615-741-7247 or <https://twis.tn.gov>

