

New Vaccine Requirements for Students in Middle and High School

Tdap and Varicella Vaccines

Fact Sheet for Parents



Parents of Middle and High School Students:

Changes in the Wisconsin Student Immunization law now require two different vaccines for middle and high school students. Parents are required to have their children vaccinated or claim a waiver. Use the attached Student Immunization Record to record the date(s) of immunization(s) or claim a waiver.

1. What grades are affected and what vaccines are required?

For the 2012-2013 school year, the following is required:

<u>Students entering</u>	<u>Vaccine(s)</u>
Grades 6 through 10	Tdap (1 dose) and Varicella (2 doses)
Grades 11	Tdap (1 dose)
Grade 12	Tdap (1 dose) and Varicella (2 doses)

The varicella vaccine protects against chickenpox. Previously only one dose was required, now a second dose is required.

Tdap is the adolescent combination vaccine that protects against tetanus, diphtheria, and pertussis (whooping cough). Only one dose is required.

2. What do parents need to do?

Have your child vaccinated with Tdap and/or varicella vaccine if he or she has not already received the vaccine(s). Record the date(s) of the immunization(s) in the bold outlined box(s) on the enclosed Student Immunization Record, sign it and return it to your child's school. Be sure to add the Tdap and varicella vaccine dates to the permanent immunization record you keep for your child at home. In the future, your child may need to give these dates to other schools, colleges or employers.

To claim a waiver for health, religious or personal conviction reasons, follow the instructions on the Student Immunization Record and return the signed form to your child's school.

3. Are there exceptions to the Tdap and varicella vaccine requirements?

Yes. If your child had received a tetanus-containing vaccine (such as Td vaccine after an injury) within the last 5 years of entering the grade it is required, your child is compliant and Tdap vaccine is not required. Check the box marked "Td" on the Student

Immunization Record, enter the date it was received and return the signed form to school.

If your child had chickenpox disease or shingles, even after the 1st dose of varicella vaccine, further doses of the vaccine are not required. Check the "Yes" box to the chickenpox disease question on the Student Immunization Record and return it to school.

4. If my child meets the Tdap and varicella requirements will he or she need to get another dose in a different grade in school?

No. When a child meets the vaccine requirements for the grade to which the requirements apply (i.e., receives the vaccine or does not receive the vaccine because of an exception (see #3 above), no further doses are required. For example, if a child received a dose of Td vaccine because of an injury within 5 years of entering 6th grade, that child has met the Tdap requirement (even though s/he has not actually received Tdap vaccine) and will not be required to receive Tdap vaccine now or in a future grade.

5. If my child already had pertussis (whooping cough) disease, should he or she still get the Tdap vaccine?

Children who have had pertussis disease should receive Tdap because the length of protection provided by disease is unknown and because the diagnosis can be difficult to confirm. A previous history of pertussis is not an exception to the Tdap requirement.

6. Where can I get Tdap and/or varicella vaccine for my child?

These vaccines are available from your child's doctor or local health department. Please have your child immunized well in advance of school opening to avoid the late summer rush at doctor's offices and immunization clinics.

7. Why are these requirements being made?

From 1986 through 2004, Wisconsin had the 5th highest rate of pertussis in the nation with almost 5,000 cases being reported in 2004 alone. Pertussis outbreaks occur because protection declines 5-10 years after completion of childhood DTP/DTaP vaccinations. Tdap is a new vaccine that is recommended for adolescents and is anticipated to help prevent pertussis from occurring, including pertussis outbreaks in schools. Pertussis is a serious disease, particularly in young infants, and it can place a significant burden on families, as a person with pertussis must stay home from work and school for a minimum of 5 days of antibiotic treatment.

Two doses of varicella vaccine have been shown to be more effective than one dose, and prevents "breakthrough disease," a mild form of the disease that can result in several lost school days.

Recommendations for both Tdap and varicella vaccines are made by the Advisory Committee on Immunization Practices to the Center for Disease Control and Prevention (CDC).

**STUDENT IMMUNIZATION LAW
 AGE/GRADE REQUIREMENTS
 2012-2013 SCHOOL YEAR**

The following are the minimum required immunizations for each age/grade level. It is not a recommended immunization schedule for infants and preschoolers. For that schedule, contact your doctor or local health department.

Age/Grade	Number of Doses					
Pre K (2 yrs through 4 yrs)	4 DTP/DTaP/DT ²	3 Polio	3 Hep B	1 MMR ⁵	1 Var ⁶	
Grades K through 4	4 DTP/DTaP/DT/Td ¹	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶	
Grades 5	4 DTP/DTaP/DT/Td ²	4 Polio ⁴	3 Hep B	2 MMR ⁵	1 Var ⁶	
Grades 6 through 10	4 DTP/DTaP/DT/Td ²	1 Tdap ³	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶
Grades 11	4 DTP/DTaP/DT/Td ²	1 Tdap ³	4 Polio ⁴	3 Hep B	2 MMR ⁵	1 Var ⁶
Grade 12	4 DTP/DTaP/DT/Td ²	1 Tdap ³	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶

1. DTP/DTaP/DT vaccine for children entering Kindergarten: Your child must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
2. DTP/DTaP/DT/Td vaccine for students entering Pre K and grades 1 through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
3. Tdap means adolescent tetanus, diphtheria and acellular pertussis vaccine. If your child received a dose of a tetanus-containing vaccine, such as Td, within 5 years of entering the grade in which Tdap is required, your child is compliant and a dose of Tdap vaccine is not required.
4. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
5. The first dose of MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).
6. Var means Varicella (chickenpox) vaccine. A history of chickenpox disease is also acceptable.

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN 30 DAYS AFTER ADMISSION. State law requires all public and private school students to present written evidence of immunization against certain diseases within 30 school days of admission. The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions on immunizations or how to complete this form, contact your child's school or local health department.

PERSONAL DATA		PLEASE PRINT				
Step 1	Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year
	Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number ()	

IMMUNIZATION HISTORY					
List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.					
TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:					
Has your child had Varicella (chickenpox) disease? Check the appropriate box And provide the year if known: <input type="checkbox"/> YES _____ year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)					

Step 3 **REQUIREMENTS**
 Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

Step 4 **COMPLIANCE DATA**

STUDENT MEETS ALL REQUIREMENTS
 Sign at Step 5 and return this form to school.
 _____ Or _____

STUDENT DOES NOT MEET ALL REQUIREMENTS
 Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule and notify the school may result in court action and a fine of up to \$25.00 per day of violation.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

For health reasons this student should not receive the following immunizations _____

 SIGNATURE - Physician Date Signed

For religious reasons this student should not be immunized.

For personal conviction reasons this student should not be immunized.

 LIST VACCINE(S) WAIVED

Step 5 **SIGNATURE**

This form is complete and accurate to the best of my knowledge. Check one: (I do I do not) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

 SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed