

## **School Immunization Law Fact Sheet for Parents**

Parents:

The Wisconsin Student Immunization law was recently changed. Two different vaccine requirements were added which may affect your child's compliance with the law. The change will go into effect this fall with the beginning of the 2008-2009 school year. Parents are required to have their children vaccinated or claim a waiver by indicating their choice on the attached Student Immunization Record and returning it to their child's school. The following fact sheet should help to answer your questions about the new requirements:

### **New Tdap and Varicella Immunization Requirements for Students**

#### **1. Why are these requirements being made?**

From 1986 through 2004, Wisconsin had the 5<sup>th</sup> highest rate of pertussis (whooping cough) 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 can place a significant burden on children and parents as a person with pertussis must be isolated for a minimum of 5 days of antibiotic treatment.

Two doses of varicella vaccine have been shown to be more effective than one dose in preventing "breakthrough disease" cases of chickenpox in children of all age groups.

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

#### **2. What are the new requirements, what grades are affected and when will they begin?**

The Wisconsin Student Immunization Law will require:

- 1 dose of **tetanus, diphtheria and acellular pertussis vaccine (Tdap)** for students entering **6<sup>th</sup>, 9<sup>th</sup> and 12<sup>th</sup> grades**, and
- 2 doses of **varicella (chickenpox) vaccine** for students entering **Kindergarten, 6<sup>th</sup> and 12<sup>th</sup> grades** beginning in the 2008-09 school year (this coming fall).

#### **3. 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 in the bold outlined box(s) on the enclosed Student Immunization Record, sign it and return it to

your child's school. 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.

Also, 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, s/he may need to give these dates to other schools, colleges or employers.

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

Yes, there are two. The first is with Tdap vaccine. If your child will be entering 6<sup>th</sup>, 9<sup>th</sup> or 12<sup>th</sup> grade and already received a tetanus-containing vaccine (eg. Td vaccine) within the last 5 years, your child is compliant and Tdap vaccine is not required. Check the box marked "Td", enter the date it was received on the Student Immunization Record and return it to school. The second exception is for varicella vaccine. If your child had chickenpox disease, even after the 1<sup>st</sup> 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.

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

Children who have had pertussis disease should receive Tdap according to the routine recommendations because the length of protection provided by disease is unknown and because the diagnosis can be difficult to confirm. This 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

## STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS 2008-2009 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	3 Polio	3 Hep B	1 MMR <sup>5</sup>	1 Var <sup>6</sup>	
Grade K <sup>1</sup>	4 DTP/DTaP/DT/Td <sup>1</sup>	4 Polio <sup>4</sup>	3 Hep B	2 MMR <sup>5</sup>	2 Var <sup>6</sup>	
Grade 1 through 5	4 DTP/DTaP/DT/Td <sup>2</sup>	4 Polio <sup>4</sup>	3 Hep B	2 MMR <sup>5</sup>	1 Var <sup>6</sup>	
Grade 6	4 DTP/DTaP/DT/Td <sup>2</sup>	1 Tdap <sup>3</sup>	4 Polio <sup>4</sup>	3 Hep B	2 MMR <sup>5</sup>	2 Var <sup>6</sup>
Grade 7 through 8	4 DTP/DTaP/DT/Td <sup>2</sup>		4 Polio <sup>4</sup>	3 Hep B	2 MMR <sup>5</sup>	1 Var <sup>6,7</sup>
Grade 9	4 DTP/DTaP/DT/Td <sup>2</sup>	1 Tdap <sup>3</sup>	4 Polio <sup>4</sup>	3 Hep B	2 MMR <sup>5</sup>	1 Var <sup>6,7</sup>
Grade 10 through 11	4 DTP/DTaP/DT/Td <sup>2</sup>		4 Polio <sup>4</sup>	3 Hep B	2 MMR <sup>5</sup>	1 Var <sup>6,7</sup>
Grade 12	4 DTP/DTaP/DT/Td <sup>2</sup>	1 Tdap <sup>3</sup>	4 Polio <sup>4</sup>	3 Hep B	2 MMR <sup>5</sup>	2 Var <sup>6</sup>

1. DTP/DTaP/DT vaccine for children entering Kindergarten: Your child must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup>) 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 grades 1 through 12: Four doses are required. However, if your child received the 3<sup>rd</sup> dose after the 4<sup>th</sup> birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
3. Tdap means tetanus, diphtheria and acellular pertussis vaccine, recommended for adolescents. If your child received a dose of tetanus or diphtheria containing vaccine such as Td within the past 5 years, Tdap is not required.
4. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if your child received the 3<sup>rd</sup> dose after the 4<sup>th</sup> birthday, further doses are not required. (Note: a dose 4 days or less 1 before the 4<sup>th</sup> 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 1<sup>st</sup> birthday is also acceptable).
6. Var means Varicella (chickenpox) vaccine. A history of chickenpox disease is also acceptable.
7. Students 13 years of age or older without a prior history of chickenpox disease, or who received their first dose of varicella vaccine at 13 years of age or older, are required to receive 2 doses of varicella vaccine.

## 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**

<b>Step 1</b>	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**

**Step 2** 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					*Hib vaccine is only required for children in licensed day care centers. Do <u>not</u> report the dates your child received Hib vaccine on this form.
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)					

**REQUIREMENTS**

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

**COMPLIANCE DATA**

**Step 4** **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

**SIGNATURE**

**Step 5** This form is complete and accurate to the best of my knowledge.

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