Welcome to the
California Department of Public Health
Immunization Branch

Talking with Parents About School-Required Immunizations

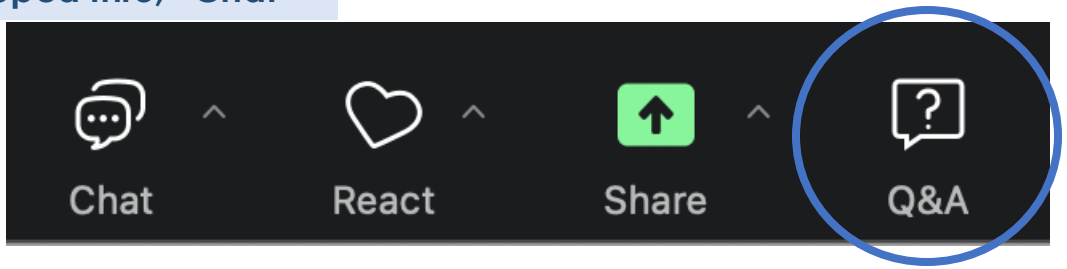
Tuesday, July 30, 2024

12:00 pm – 1:00 pm, PT

Questions

During today's webinar, please use the Q&A panel to ask your questions so CDPH panelists and subject matter experts (SMEs) can respond.

Resource links will be dropped into, "Chat"



Housekeeping

Reminder to Attendees:

Today's session is being recorded. Access today's slides and archived Crucial Conversations presentations at eziz.org

If you have post-webinar-related questions, please email diane.evans@cdph.ca.gov

Reminder to Panelists:

Please mute yourself when not speaking.

Please monitor the Q&A panel for questions you may be able to answer.

Webinar Objectives

- Understand why vaccinations are important for children
- Understand current school requirements for vaccinations
- Improve confidence in having conversations with parents about vaccinations for their children
- Learn system-wide approaches to improving vaccination rates in clinics and organizations

Agenda: Tuesday, July 30, 2024

No.	Item	Speaker(s)	Time (PM)
1	**Welcome**	**Diane Evans, CDPH**	12:00 – 12:05
2	**Talking with Parents about School-Required Immunizations**	**Eric Ball, MD, Southern Orange County Pediatric Associates**	12:05 – 12:35
3	**Discussion, Questions & Answers**	**Eric Ball, MD and CDPH Subject Matter Experts**	12:35 – 12:55
4	**Resources, Poll, and Wrap-Up**	**Diane Evans, CDPH**	12:55 – 1:00

Thank you for attending today!

Poll: CDPH Appreciates Your Feedback!

How confident are you in your ability to speak effectively with parents about school-required immunizations?

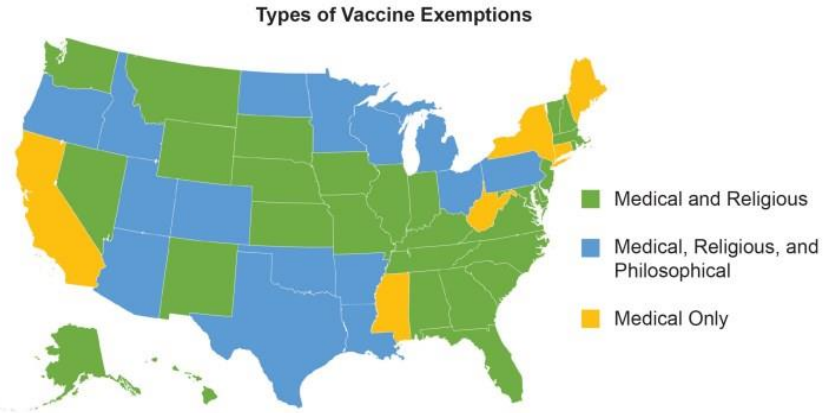
- ❑ Very confident
- ❑ Confident
- ❑ Somewhat confident
- ❑ Slightly confident
- ❑ Not confident

Talking with Parents about School-Required Immunizations

Eric Ball, MD

School Immunization Laws Protect Communities

- Reduces illness from vaccine-preventable diseases in students, staff, and surrounding communities
  - Keeps attendance high and absenteeism low
- All 50 states have laws requiring certain vaccines for students and allow various types of exemptions (CA only allows medical exemptions)
- It's a joint effort by providers and schools to protect the health of children and ensure they meet the immunization requirements



School Immunization Requirements

- Immunizations required for school attendance in California are a subset of ACIP-recommended immunizations
- Derived from state laws and regulations
  - California Health and Safety Code, Sections 120325-120375
  - California Code of Regulations Title 17 Division 1, Chapter 4, Subchapter 8
- If a child has received all ACIP-recommended vaccines on time, school immunization requirements will be met

K – 12 Admission Requirements

California Immunization Requirements for

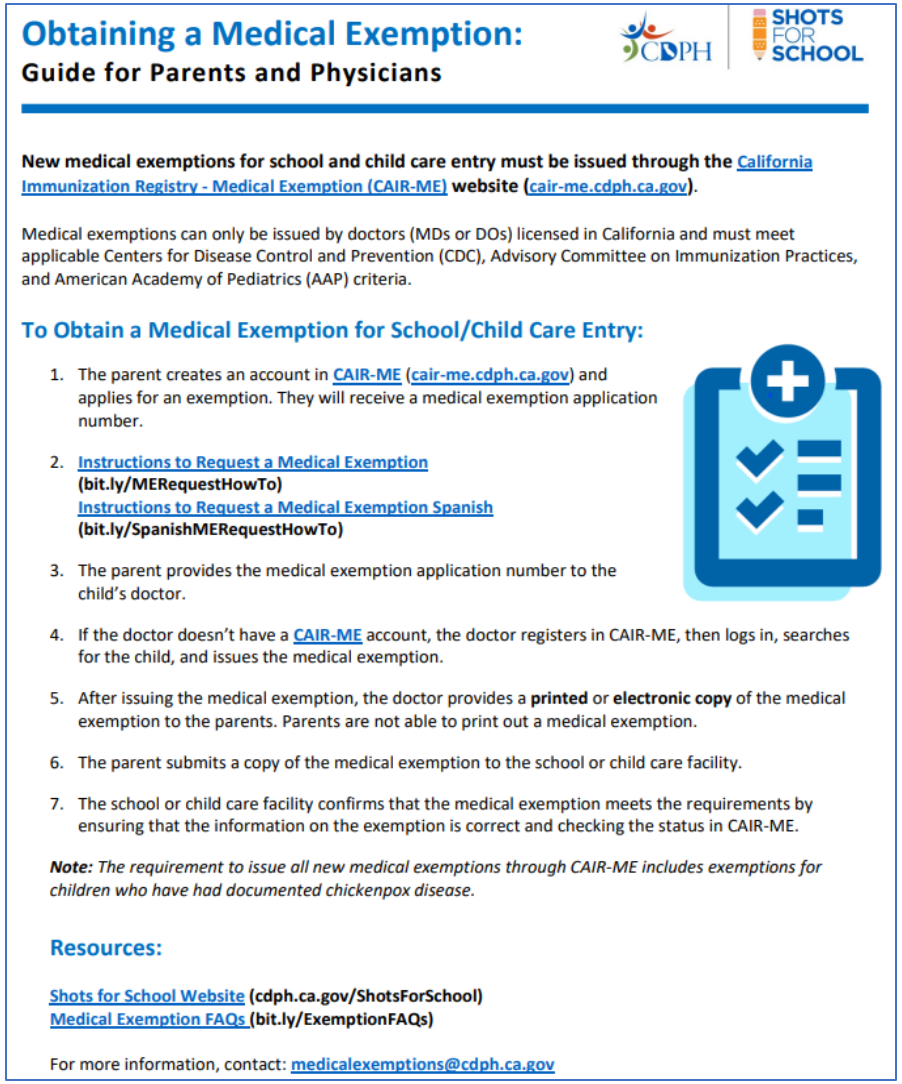
K–12th Grade (including transitional kindergarten)

Grade	Number of Doses Required of Each Immunization[1, 2, 3]				
K-12 Admission	4 Polio[4]	5 DTaP[5]	3 Hep B[6]	2 MMR[7]	2 Varicella
(7th-12th)[8]	K-12 doses	+ 1 Tdap			
7th Grade Advancement[9,10]		1 Tdap[8]			2 Varicella[10]

1. Requirements for K-12 admission also apply to transfer pupils.
2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
3. Any vaccine administered four or fewer days prior to the minimum required age is valid.
4. Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday. Oral polio vaccine (OPV) doses given on or after April 1, 2016, do not count.
5. Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.) One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
6. For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
7. Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
8. For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
9. For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
10. The varicella requirement for seventh grade advancement expires after June 30, 2025.

Resources for Medical Exemptions

- There are few medical conditions that would exempt a child from receiving a vaccine and most are temporary
- Refer to ACIP General Best Practice Guidelines for Immunization for information about contraindications
- If parents are asking for a medical exemption and one is not medically indicated, help explain that vaccination is safe and that their child does not have any of the conditions that might require an exemption
- When an exemption is needed, refer to the CAIR-ME Guide for Parents and Physicians



Obtaining a Medical Exemption:
Guide for Parents and Physicians

CDPH | SHOTS FOR SCHOOL

New medical exemptions for school and child care entry must be issued through the California Immunization Registry - Medical Exemption (CAIR-ME) website (cair-me.cdph.ca.gov).

Medical exemptions can only be issued by doctors (MDs or DOs) licensed in California and must meet applicable Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices, and American Academy of Pediatrics (AAP) criteria.

To Obtain a Medical Exemption for School/Child Care Entry:

1. The parent creates an account in CAIR-ME (cair-me.cdph.ca.gov) and applies for an exemption. They will receive a medical exemption application number.
2. Instructions to Request a Medical Exemption **(bit.ly/MERequestHowTo)**
   Instructions to Request a Medical Exemption Spanish **(bit.ly/SpanishMERequestHowTo)**
3. The parent provides the medical exemption application number to the child's doctor.
4. If the doctor doesn't have a CAIR-ME account, the doctor registers in CAIR-ME, then logs in, searches for the child, and issues the medical exemption.
5. After issuing the medical exemption, the doctor provides a **printed** or **electronic copy** of the medical exemption to the parents. Parents are not able to print out a medical exemption.
6. The parent submits a copy of the medical exemption to the school or child care facility.
7. The school or child care facility confirms that the medical exemption meets the requirements by ensuring that the information on the exemption is correct and checking the status in CAIR-ME.

***Note:** The requirement to issue all new medical exemptions through CAIR-ME includes exemptions for children who have had documented chickenpox disease.*

Resources:

Shots for School Website **(cdph.ca.gov/ShotsForSchool)**
Medical Exemption FAQs **(bit.ly/ExemptionFAQs)**

For more information, contact: medicalexemptions@cdph.ca.gov

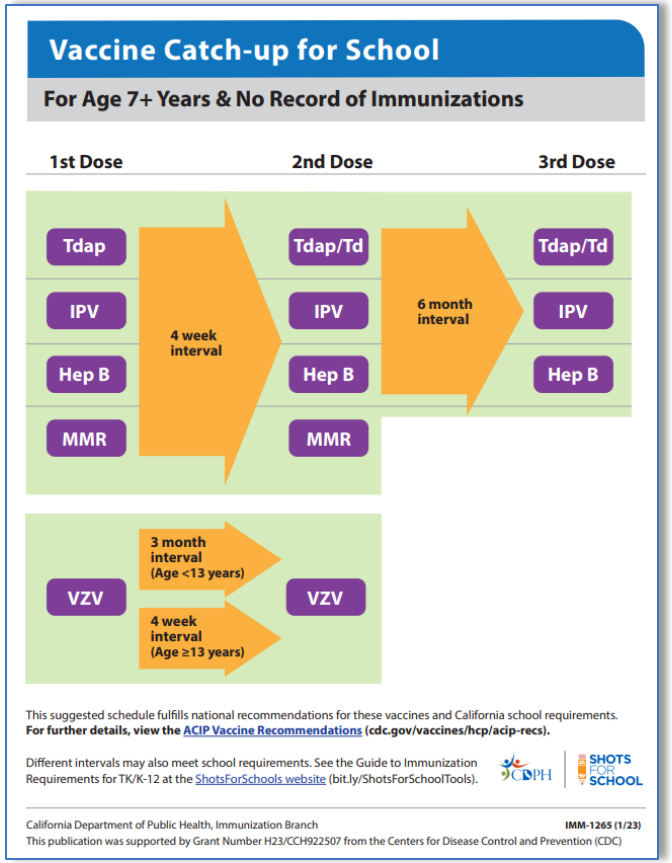
Measles, Mumps, and Rubella (MMR) Reminders

- Measles cases and outbreaks have increased worldwide.
- MMR vaccine is safe and effective: 2 doses are ~97% effective at preventing measles.
- MMR vaccine recommendations:
  - Dose 1 at age 12-15 months
  - Dose 2 at age 4-6 years before school entry
  - Only doses administered on or after the 1st birthday count toward the school requirement.
- For international travel, infants 6-11 months old should receive 1 MMR dose and 2 more doses in the future according to the routine schedule. Children 12 months and older should receive 2 MMR doses at least 28 days (4 weeks) apart.

Tdap/Td Series Catch Up

- If persons aged 7–18 years have never been vaccinated against pertussis, tetanus, or diphtheria, these persons should receive a series of three tetanus and diphtheria toxoid–containing vaccines, which includes at least 1 Tdap dose.*
- CDC - 2024 Catch-Up Guidance-Children 10 through 18-Tetanus, Diphtheria, Pertussis-Tdap/Td (cdc.gov)

- Vaccine Catch-up for School For Age 7+ Years & No Record of Immunizations



*Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccines, MMWR, January 24, 2020 (CDC)

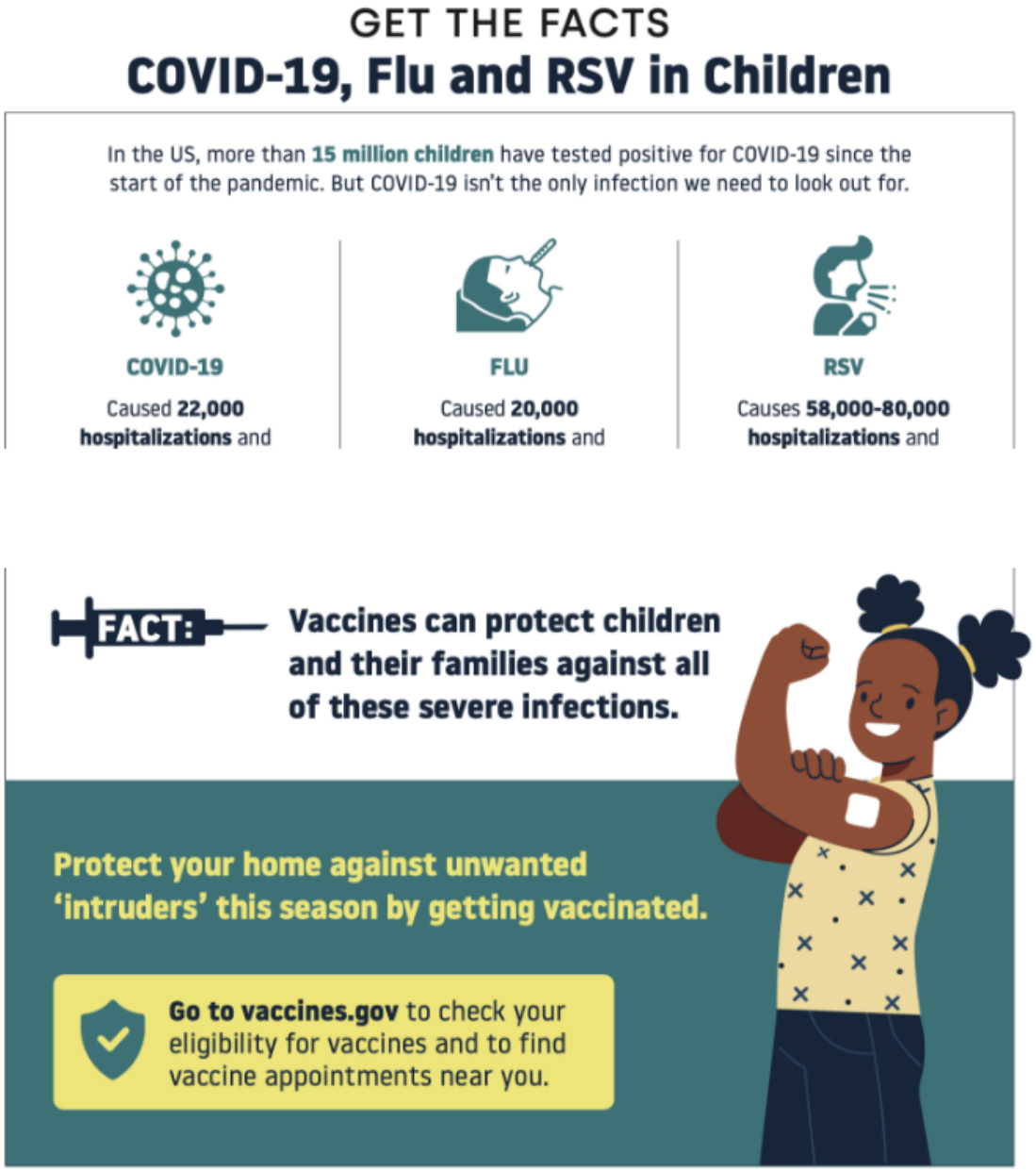
New Pentavalent Meningococcal Vaccine

- Protects against *N. meningitidis* serogroups A, B, C, W, and Y.
- Licensed for use among persons aged 10–25 years.
- MenACWY-TT/MenB-FHbp [Penbraya, Pfizer] may be administered to those aged ≥10 years when both MenACWY and MenB are indicated at the same visit.
- Remember that MenB formulations are not interchangeable.

Use of the Pfizer Pentavalent Meningococcal Vaccine Among Persons Aged ≥10 Years: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 | MMWR (cdc.gov)

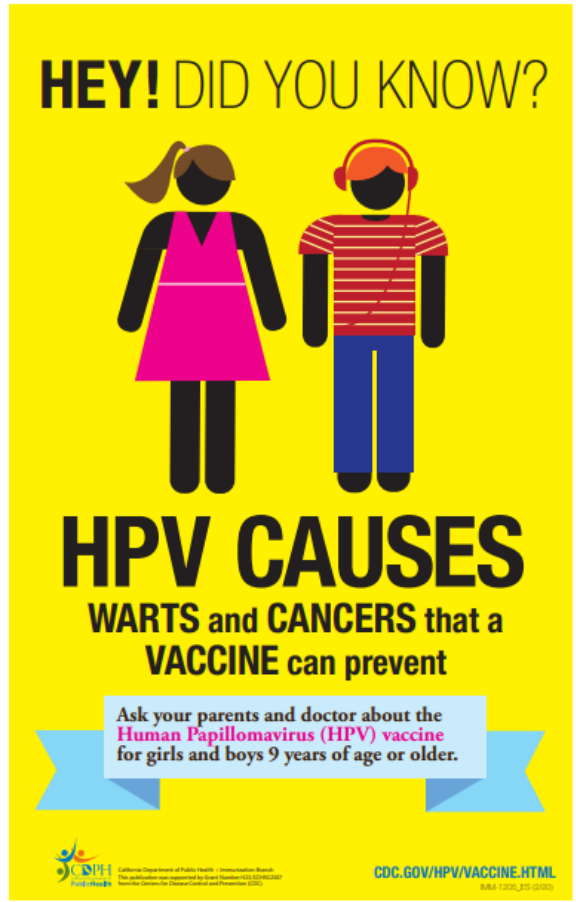
VFC Program Clinical Letter for MenABCWY (Penbraya)

Fall Preview



HPV vaccine

- Two doses of HPV vaccine are recommended for all children by age 13. Can start series at age 9.
  - 2 doses if starting series before age 15
  - 3 doses if starting series after age 15
- Can prevent more than 90% of HPV-related cancers (mouth and throat, cervical, and others) later in life.
- HPV vaccine is very safe. Hundreds of millions of doses given since FDA approval in 2006.



HPV Vaccination Recommendations (CDC)

AB-659 The Cancer Prevention Act

- Effective January 1, 2024, AB 659, the Cancer Prevention Act requires every public and private school to notify 6th grade students and their parents/guardians that they are advised to follow current HPV immunization guidelines before starting 8th grade.
- Implementation resources for schools includes:
  - Template Letter to Parents (translated to: Arabic, Armenian, Cambodian, Chinese, Hindi, Farsi, Hmong, Japanese, Korean, Punjabi, Russian, Spanish, Tagalog, Thai, and Vietnamese)
  - Robocall Script

AAP* Policy Statement: The Link Between School Attendance and Good Health

Mandy A. Allison, MD, MSPH, FAAP,[a] Elliott Attisha, DO, FAAP,[b] COUNCIL ON SCHOOL HEALTH

- In 2019, more than 6.5 million children in the United States, approximately 13% of all students, miss 15 or more days of school each year.
- Infectious diseases, such as flu, COVID-19, pertussis and other vaccine preventable diseases, contribute to school absenteeism.
- Routine vaccinations are one tool to help promote school attendance to keep kids healthy, in school, and ready to learn.
- Encouraging parents to vaccinate their children may reduce disruptions to childcare and learning and activities.

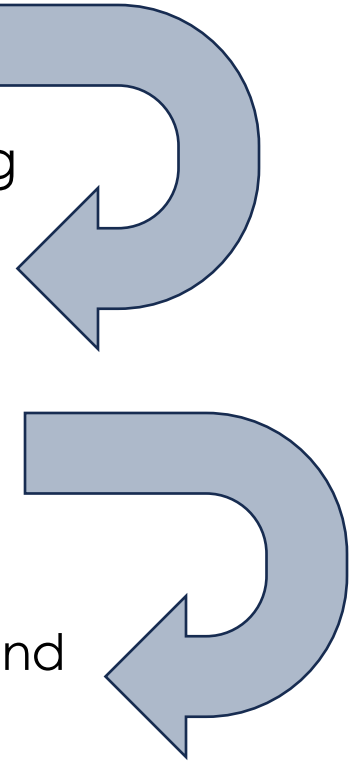
The Link Between School Attendance and Good Health (silverchair.com)
CDC-Renewed-Call-to-Action-providers.pdf

*American Association of Pediatrics

AAP Policy Statement: The Link Between School Attendance and Good Health

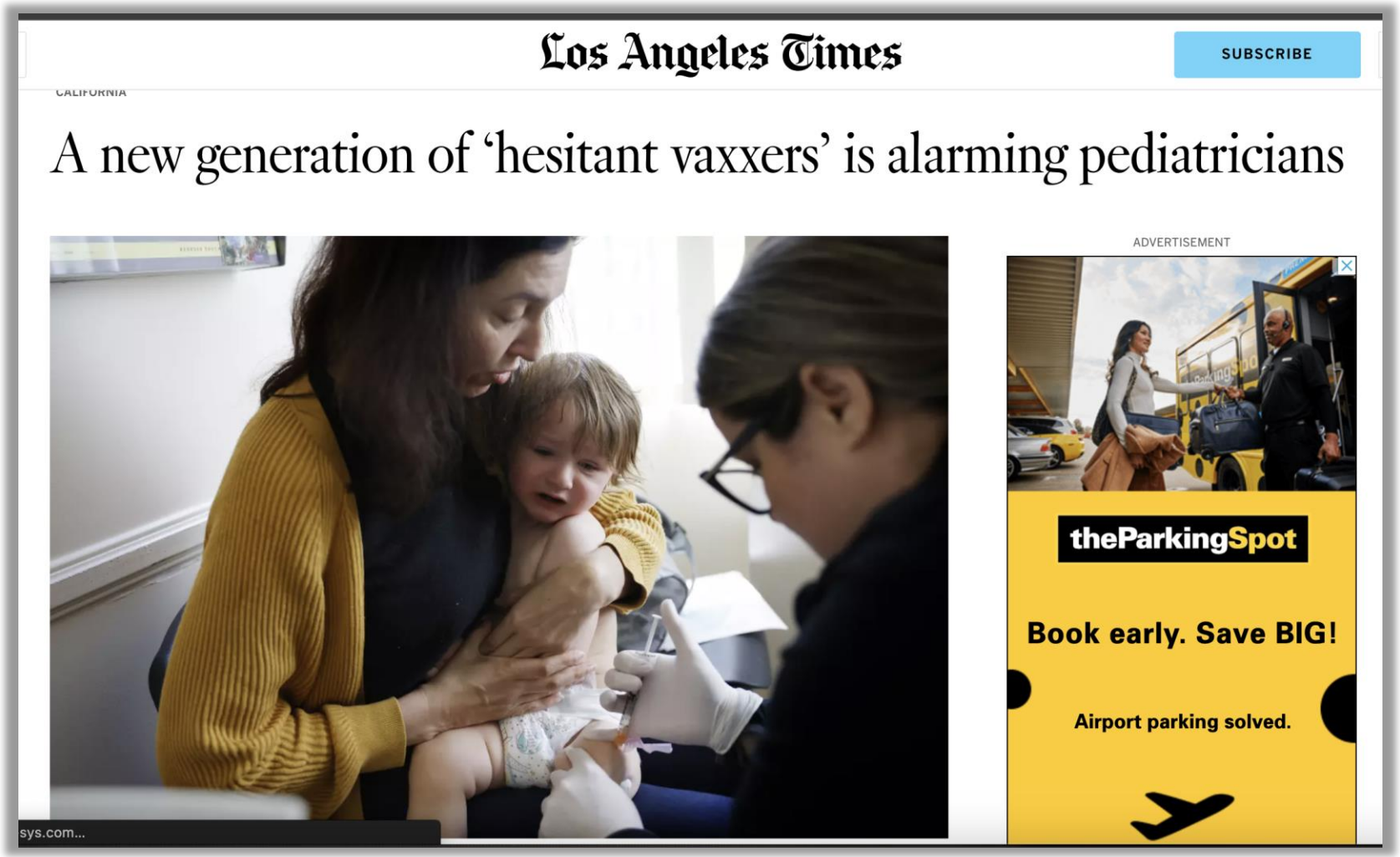
Mandy A. Allison, MD, MSPH, FAAP,[a] Elliott Attisha, DO, FAAP,[b] COUNCIL ON SCHOOL HEALTH

- Early chronic absenteeism
  - Future absenteeism
  - Poor academic achievement: particularly for social skills and reading
- Students with poor attendance
  - Score lower on national skills assessments
  - Predictor of school failure/dropping out of school
- Poor school performance
  - Poor adult health outcomes
    - Not having a HS diploma is associated with increased mortality risk and lower life expectancy
  - Adult unemployment or underemployment
  - Decreased social support or control



The Current Landscape

In the News!


Los Angeles Times
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A new generation of 'hesitant vaxxers' is alarming pediatricians
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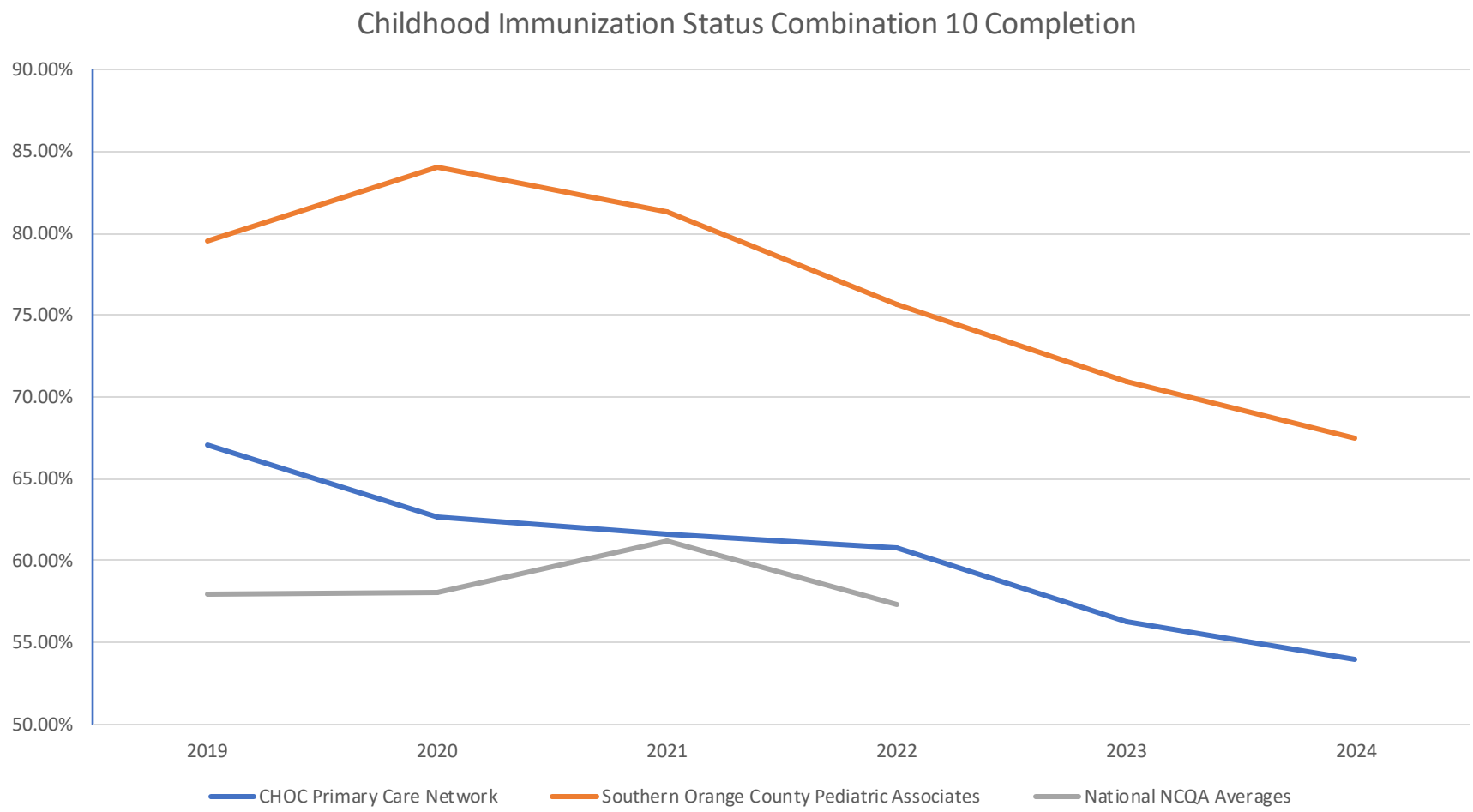
Childhood Immunization Status Combination 10 Completion



Why the Decrease in Rates Post-COVID?

- Missed vaccinations during the peak of the pandemic
- Distrust of the medical system
- Increase in mis- and dis-information regarding vaccines
- Continued hesitancy to return to medical practices
- Missed opportunities for vaccination
- Reduced staffing at medical facilities leading to reduced efforts for reminders/recall
- Reduced access to healthcare

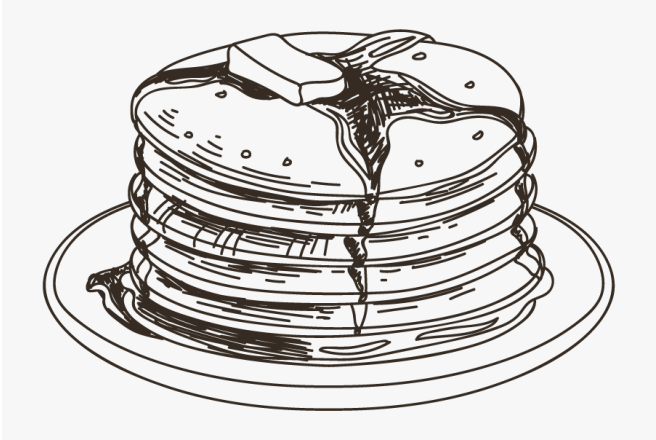
Past Experience from the Orange County Immunization Improvement Project (2019 – 2020)

The OCIIP goals

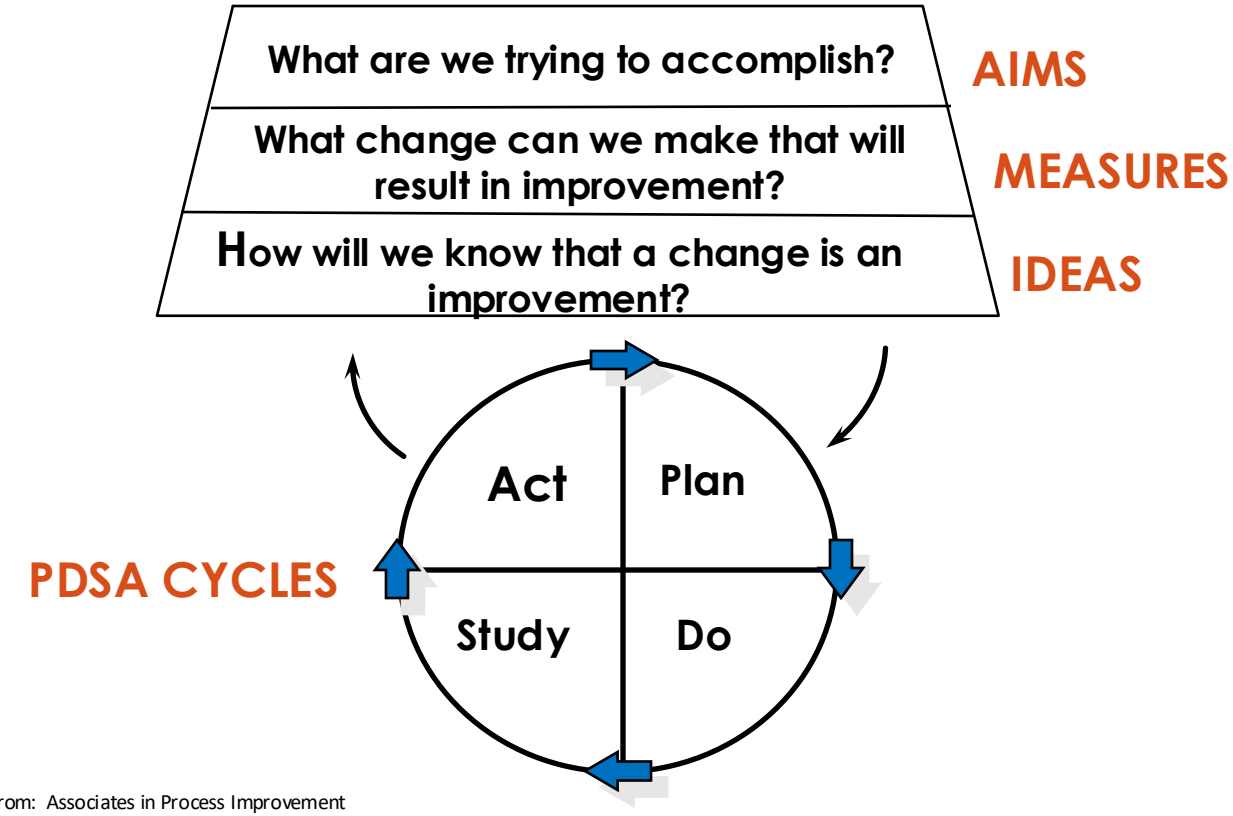
- The goal of the OCIIP was to recruit 15 pediatric practice sites, focusing on practices affiliated with large OC health systems/medical groups. Practices were representative of the diverse population of Orange County.
- The overall goal was to increase the coverage rates of the CIS Combo 10 immunization panel for patients 19-35 months old by at least 5% during the study period

4 DTaP	1 VZV
3 IPV	4 PCV
1 MMR	1 Hepatitis A
3 HiB	2 or 3 Rotavirus
3 Hepatitis B	2 Influenza

Quality improvement



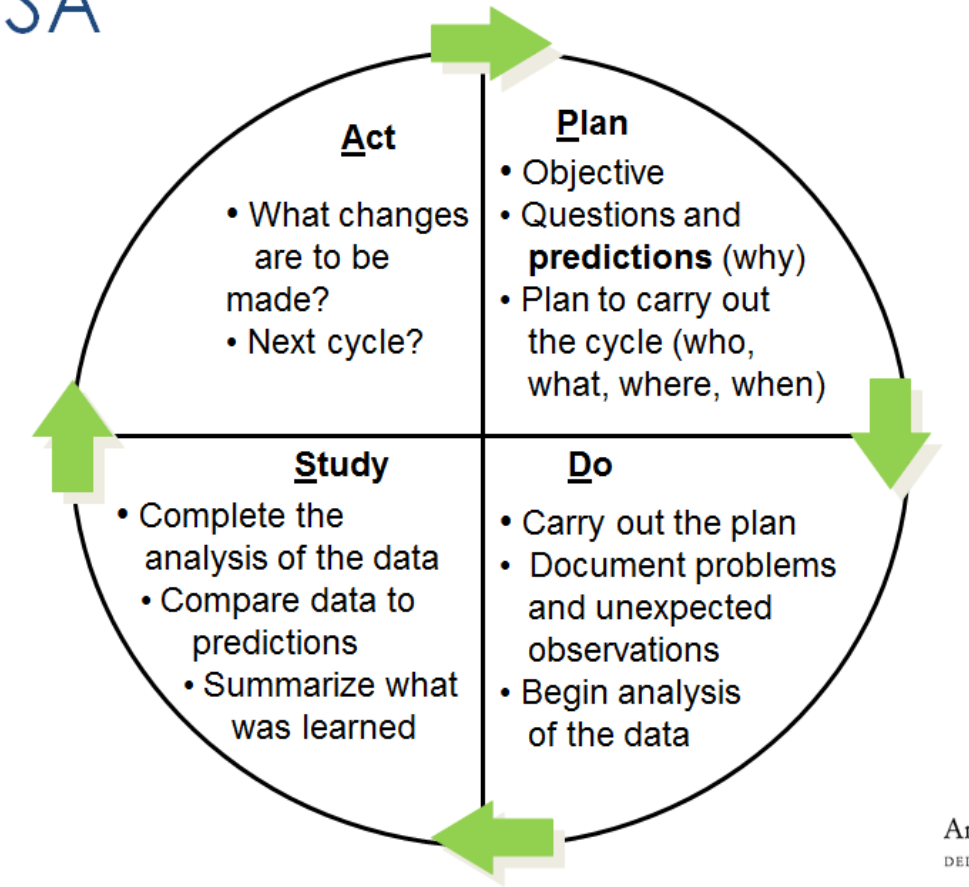
Introduction to Quality Improvement: Model for Improvement



From: Associates in Process Improvement

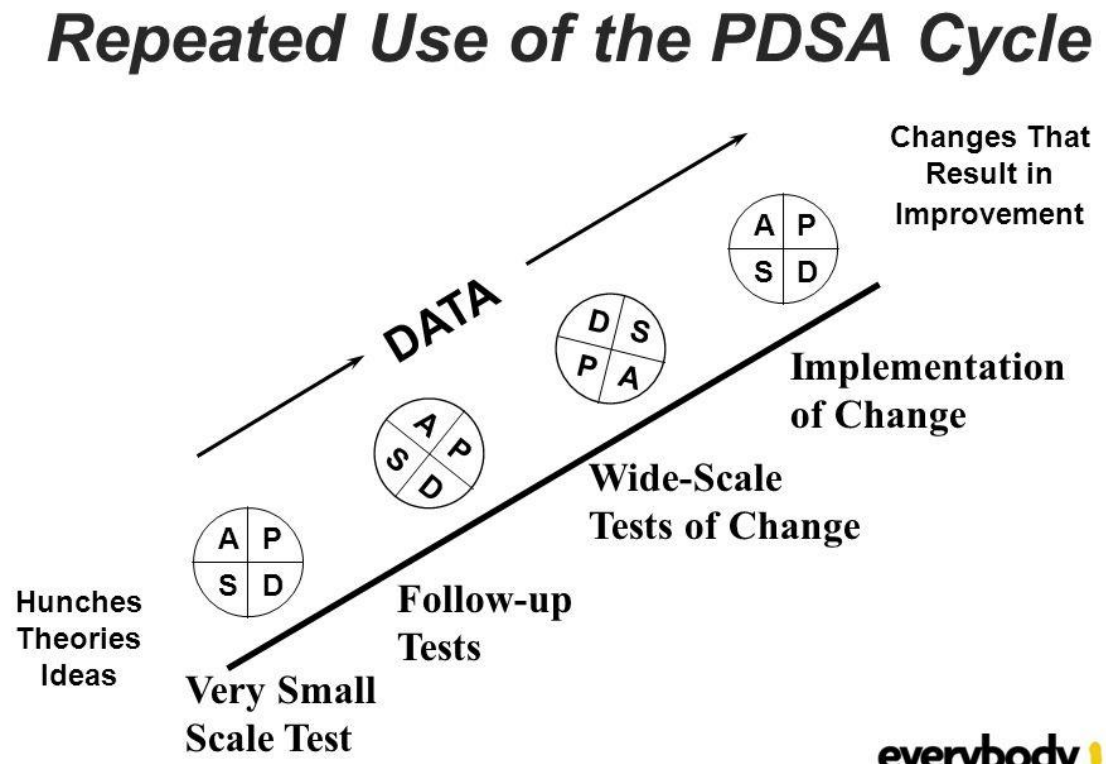
Quality Improvement Model for Improvement

The PDSA Cycle



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

PDSA (Plan-Do-Study-Act) Ramps



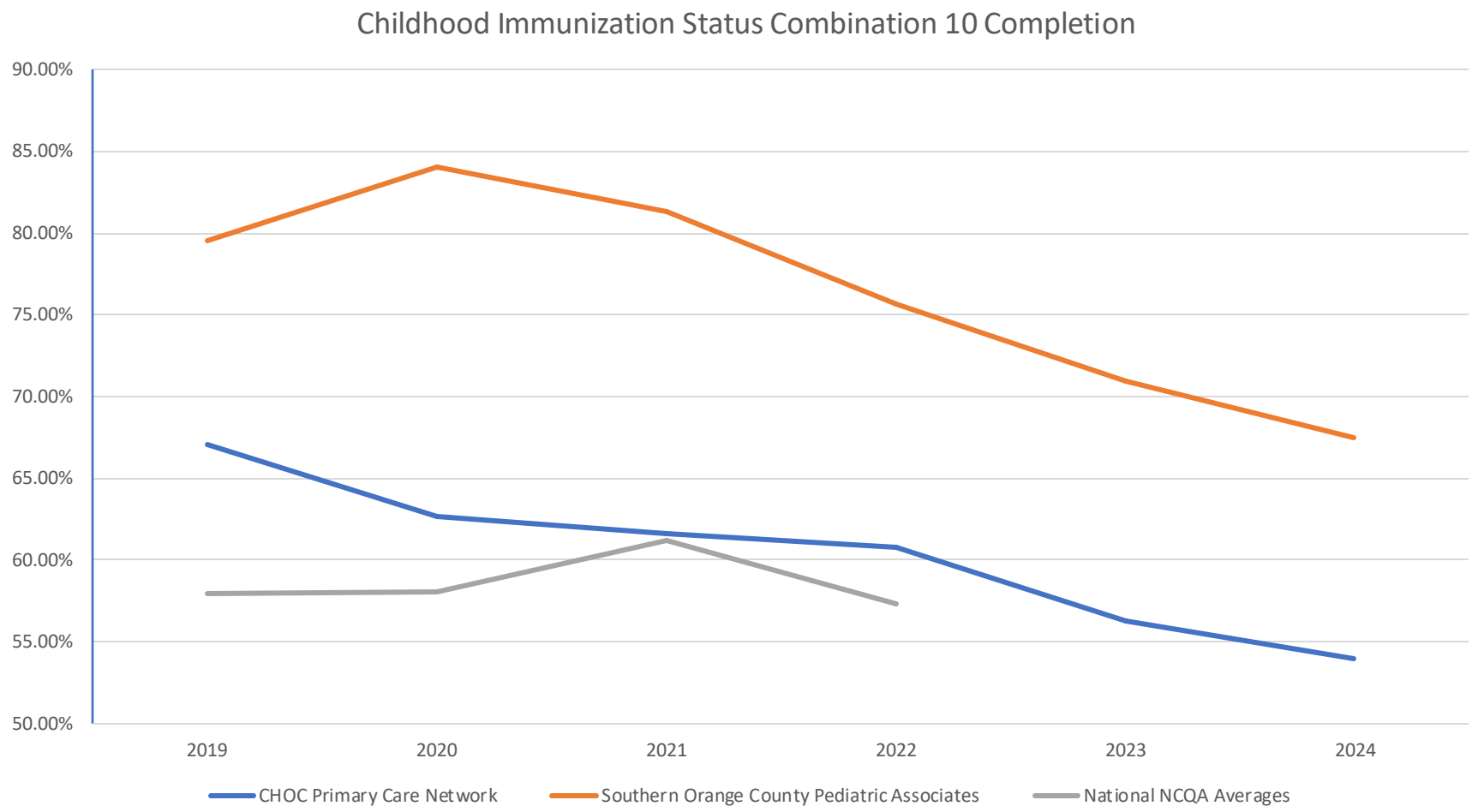
Baseline Immunization Rates (May 2019)

May 2019 (Baseline)	Combo 10	Combo 3	DTaP	HepA	Hep B	HiB	Flu	IPV	MMR	PCV	RV	VZV
Measure Goal	80%	80%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
CHOC BGCSA	35.53%	56.58%	64.47%	88.16%	86.84%	80.26%	52.63%	89.47%	84.21%	61.84%	61.84%	82.89%
CHOC Clinica Para Ninos	48.70%	67.39%	72.61%	92.17%	91.74%	86.52%	70.43%	90.43%	92.61%	79.13%	74.34%	92.61%
CHOC Orange	36.40%	59.37%	66.47%	84.89%	83.69%	78.85%	58.16%	83.99%	86.71%	69.03%	63.44%	87.01%
Los Alamitos Pediatrics	51.56%	n/a	81.25%	93.75%	87.50%	95.31%	65.63%	92.19%	93.75%	78.13%	89.06%	95.31%
Orange Dr. Kids & Teens	72.41%	n/a	87.93%	97.41%	89.66%	93.97%	77.59%	93.97%	99.14%	78.45%	87.93%	99.14%
Ped. Adult Medicine	74.82%	85.61%	93.53%	96.40%	96.40%	96.40%	86.33%	97.12%	98.56%	92.81%	90.65%	94.64%
Pomona Pediatrics	53.96%	84.89%	91.37%	94.24%	94.96%	94.96%	64.03%	96.40%	97.12%	89.21%	83.45%	96.40%
SOCPA Ladera Ranch	77.98%	79.82%	88.99%	96.33%	84.40%	90.83%	88.99%	91.74%	94.50%	87.16%	90.83%	92.66%
SOCPA Lake Forest	62.30%	68.85%	88.52%	95.08%	77.05%	96.72%	88.52%	96.72%	98.36%	86.89%	93.44%	96.72%
SOCPA RSM	56.10%	71.95%	87.80%	97.56%	75.61%	91.46%	73.17%	91.46%	96.34%	82.93%	89.02%	97.56%
SOCPA San Clemente	60.00%	76.00%	86.00%	94.00%	82.00%	94.00%	70.00%	92.00%	94.00%	82.00%	86.00%	94.00%
SV Aliso Viejo	66.39%	77.31%	88.24%	92.44%	86.55%	93.28%	73.95%	93.28%	94.96%	84.87%	90.76%	94.12%
SV Irvine	71.58%	85.26%	91.58%	96.84%	95.79%	94.74%	83.16%	95.79%	95.79%	87.37%	85.26%	94.74%
SV Laguna Hills	57.52%	72.57%	81.42%	87.61%	82.30%	89.38%	68.14%	88.50%	92.04%	80.53%	84.96%	90.27%
SV San Clemente	47.69%	76.92%	86.15%	89.23%	84.62%	92.31%	53.85%	92.31%	95.38%	83.08%	81.54%	90.77%

Immunization Rates at End of Project (January 2020)

January 2020 (Final Data)	Combo 10	Combo 3	DTaP	HepA	Hep B	HiB	Flu	IPV	MMR	PCV	RV	VZV
Measure Goal	80%	80%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
CHOC BGCSA	37.97%	62.03%	69.62%	82.28%	86.08%	75.95%	54.43%	86.08%	81.01%	65.82%	62.03%	81.01%
CHOC Clinica Para Ninos	50.20%	70.68%	77.11%	92.77%	91.16%	87.55%	67.47%	90.76%	92.37%	78.31%	72.69%	92.37%
CHOC Orange	38.74%	63.40%	70.51%	84.72%	82.71%	80.43%	57.51%	83.24%	85.79%	69.84%	64.08%	86.19%
Los Alamitos Pediatrics	54.83%	n/a	83.87%	95.16%	87.09%	95.16%	66.12%	91.93%	95.16%	80.64%	88.70%	96.77%
Orange Dr. Kids & Teens	83.05%	n/a	98.31%	100.00%	98.31%	100.00%	83.05%	100.00%	100.00%	98.31%	96.61%	100.00%
Ped. Adult Medicine	76.07%	87.73%	91.41%	94.48%	93.25%	94.48%	80.37%	93.87%	95.71%	90.80%	92.02%	95.09%
Pomona Pediatrics	66.85%	88.40%	93.92%	97.79%	96.69%	98.34%	71.82%	98.34%	97.24%	92.82%	92.82%	97.79%
SOCPA Ladera Ranch	82.61%	87.83%	89.57%	93.04%	90.43%	94.78%	88.70%	93.91%	94.78%	88.70%	87.83%	95.65%
SOCPA Lake Forest	83.08%	90.77%	96.92%	96.92%	98.46%	96.92%	90.77%	98.46%	96.92%	92.31%	92.31%	96.92%
SOCPA RSM	72.62%	85.71%	90.48%	94.05%	88.10%	97.62%	80.95%	97.62%	98.81%	89.29%	95.24%	96.43%
SOCPA San Clemente	75.38%	83.08%	87.69%	95.38%	92.31%	95.38%	84.62%	95.38%	95.38%	84.62%	90.77%	96.92%
SV Aliso Viejo	74.69%	85.80%	92.59%	91.98%	90.74%	93.83%	80.86%	94.44%	95.06%	88.89%	88.89%	95.06%
SV Irvine	66.96%	86.96%	92.17%	93.91%	93.04%	93.91%	76.52%	94.78%	95.65%	88.70%	86.96%	95.65%
SV Laguna Hills	66.48%	81.87%	89.56%	93.41%	86.26%	91.76%	75.82%	91.76%	92.86%	85.16%	86.81%	92.86%
SV San Clemente	60.00%	75.45%	83.64%	88.18%	80.00%	86.36%	66.36%	86.36%	88.18%	80.00%	82.73%	87.27%

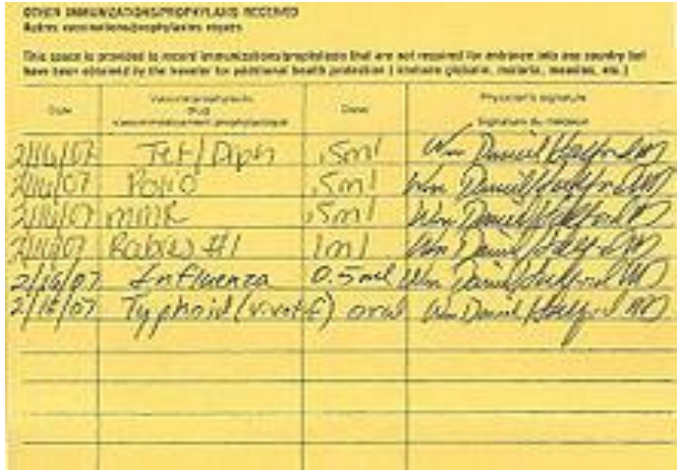
Childhood Immunization Status Combination 10 Completion



How Do We Improve Rates (Again)? Best Practices and Top Ten Interventions

INTERVENTION #1

Require Vaccination Records at Initial Appointment



2/16/07	Td / Dtph	.5ml	
2/16/07	Polio	.5ml	
2/16/07	MMR	.5ml	
2/16/07	Rabies #1	1ml	
2/16/07	Influenza	0.5ml	
2/16/07	Typhoid (Vivotif) oral		

Create **office policy** that any new patient is required to submit their previous immunization history prior to an appointment being made. By doing this, practices always had an **accurate record** of vaccinations due on that **visit**.

INTERVENTION #2

Review Vaccine Records at Every Visit

Have **immunization record reviewed** and available for all patients **regardless of reason for visit.**

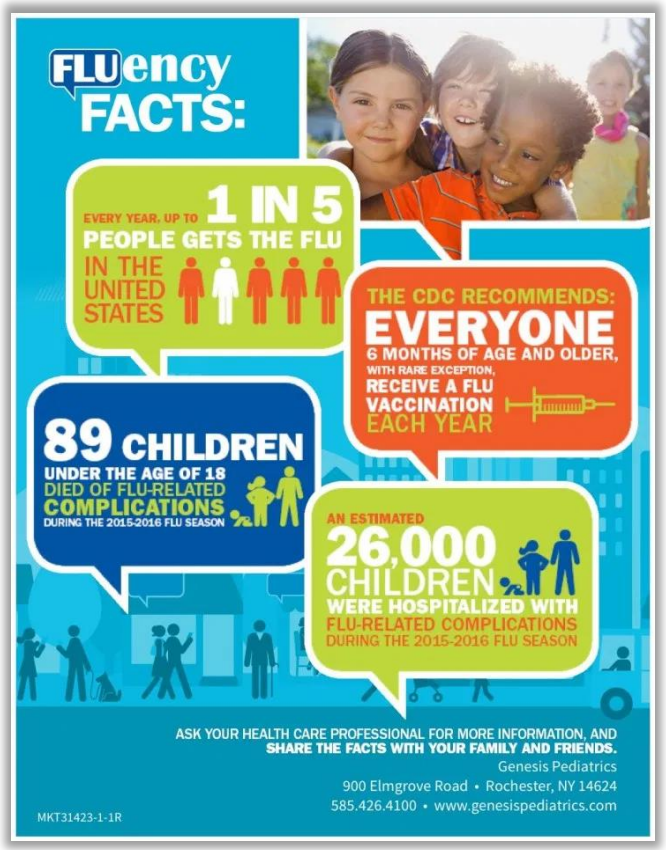
INTERVENTION #3

Vaccinate at Acute Visits

Medical assistants review immunization status at all visits and developed prompts that say "Immunizations needed" on charts to remind providers.

INTERVENTION #4

Create a Culture of Immunization in Your Practice



Practice what you preach and advertise that fact in your office and on social media

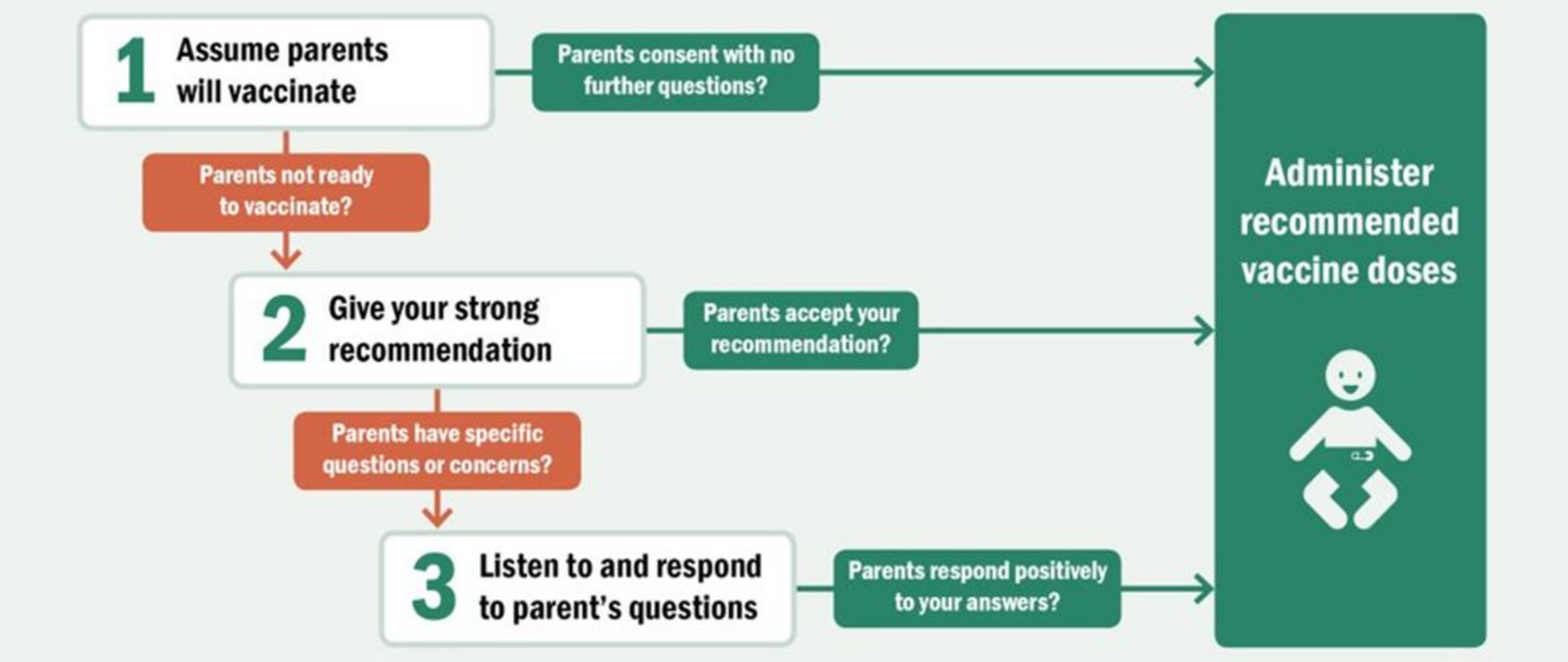
At Sea View Pediatrics, you and your child's health are of great importance to us.
We prioritize your safety by protecting ourselves with
this year's influenza vaccine.

When you see this sticker on our team member's badge,
you will know they have been immunized for this winter season.
We truly appreciate the opportunity to give you a great experience at
Sea View Pediatrics.

INTERVENTION #5

Utilizing Non-Confrontational Communication with Parents

Presumptive Approach



INTERVENTION #6

Implement a Recall System

Utilize various methods of recall, including **text**, **phone**, **postcards**. Work to contact patients who are behind on vaccines to schedule catch-up visits.

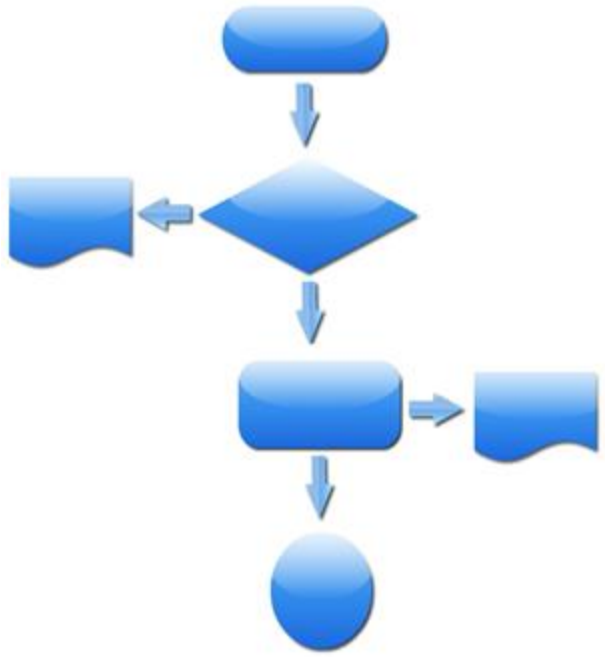
INTERVENTION #7

Utilize Evidence-Based Comfort Measures for Immunization Delivery

Institute **comfort measures**, both physical and psychological, in practices to ease vaccine administration. Practices utilized **pain blocking devices, pinwheels (and other distractions), sucrose water, and guided imagery.**

INTERVENTION #8

Implement Standing Orders for Routine/Follow up "Vaccination Only" Visits



Practices solidified their **standing orders** for vaccines and extended their appointment calendar so that shot-only visits could be made upwards of a year in advance. This allowed for **easier scheduling** of vaccines given in a series (i.e. HPV or influenza in babies)

INTERVENTION #9

Staff and Clinician Training for Entire Practice

Practices developed and implemented an **educational program** for the **entire staff** on the science of infectious diseases and immunizations, reviewing shot records, intervals and processes.

INTERVENTION #10

Using Data and Rapid Cycle Testing to Continuously Improve: Institute a 'Culture of Improvement'

Use the skills learned through the OCIIP to improve other aspects of pediatric practice.

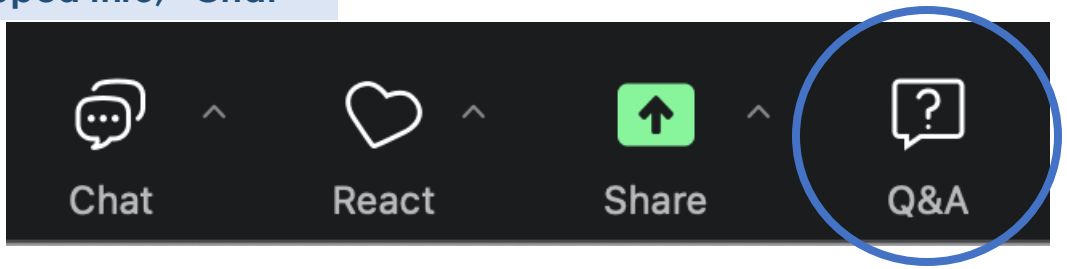
Improving Immunization Rates: Top 10 Best Practice Interventions

1. **Establish Office Policy:** Require vaccine records at 1st appointment
2. **Review Vaccine Records** at Every Visit
3. **Vaccinate at Acute Visits:** Every visit is an opportunity to vaccinate
4. **Create a Culture of Immunization** with every Office Touchpoint: Messaging from office space, staff, website, social media platforms
5. **Use Non-Confrontational Communication with Parents**
6. **Implement Reminder & Recall Systems**
7. **Utilize Evidence-based Comfort Measures** for Immunization Delivery
8. **Implement Standing Orders for "Vaccination Only" visits**
9. **Train Staff & Clinicians:** Science & Schedule of Vaccines
10. **Institute a Culture of Quality Improvement:** PDSA Strategy

Questions and Discussion

During today's webinar, please use the Q&A panel to ask your questions so CDPH panelists and subject matter experts (SMEs) can respond.

Resource links will be dropped into, "Chat"



Poll and Resources

Diane Evans, CDPH

Poll: CDPH Appreciates Your Feedback!

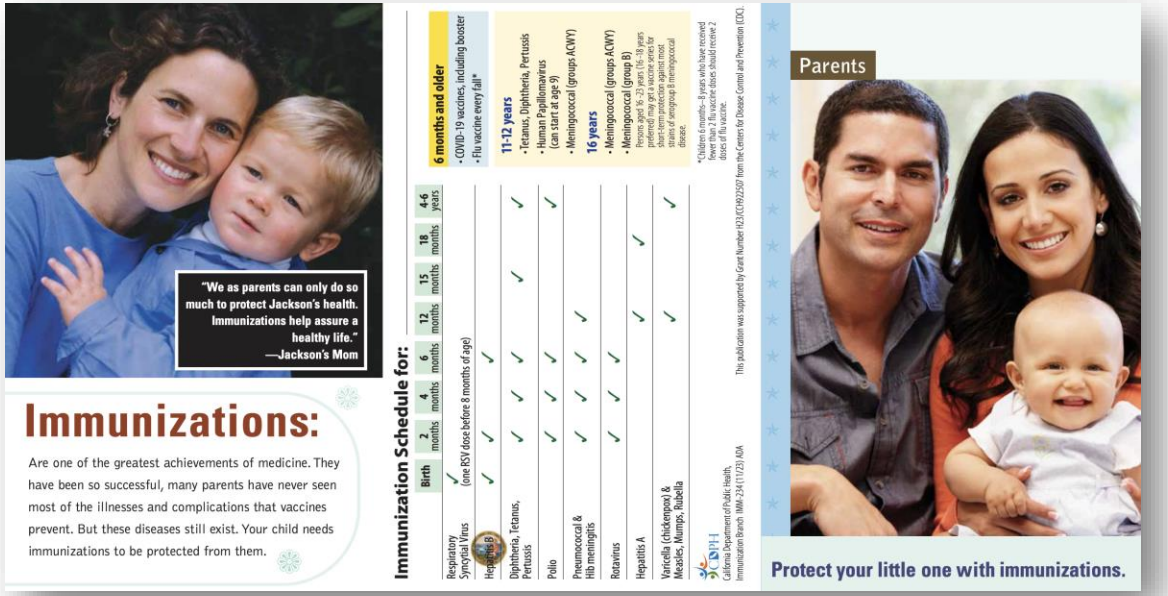
How confident are you in your ability to speak effectively with parents about school-required immunizations?

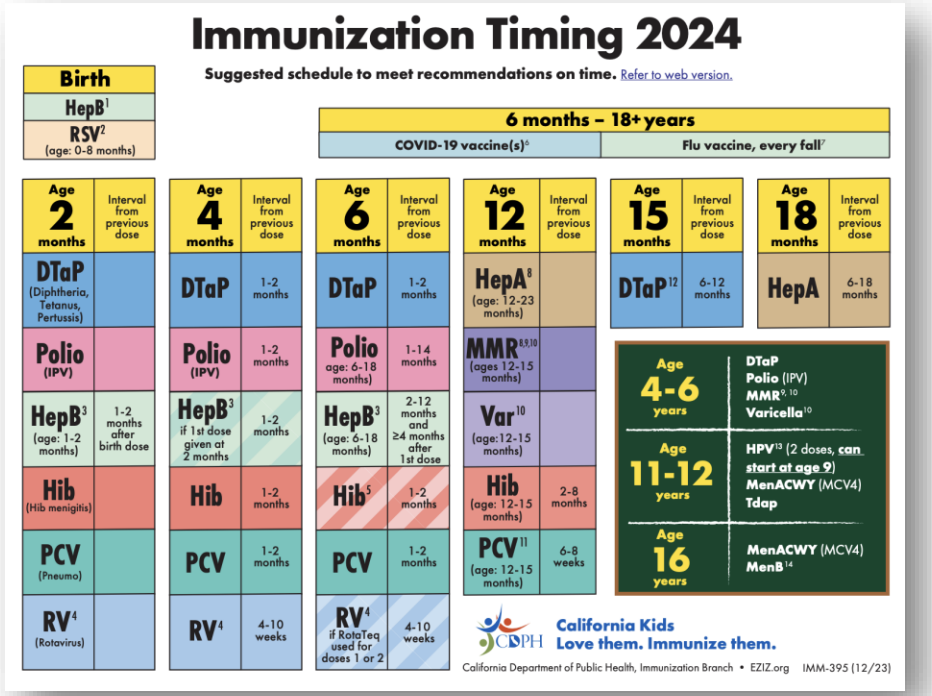
- ❑ Very Confident
- ❑ Confident
- ❑ Somewhat confident
- ❑ Slightly confident
- ❑ Not confident

General IZ Resources for Parent/Guardian Education

Found on EZIZ website:

- Answers to Parents/Guardians' FAQs
- Immunizations Brochure for Parents (IMM-234)
- Immunization Block schedule (IMM-395)





Promising Practices to Improve Pediatric COVID-19 Immunization Rates Toolkit

Presented by the Association of Immunization Managers (AIM), Five Practices for Increasing COVID-19 Pediatric Vaccine Coverage Rates: Translating Lessons Learned During the Pandemic to the Current Environment

Register for the presentation on
Friday, August 9, 2024, 11:00 am (PT)

Getting Ready for School or Childcare

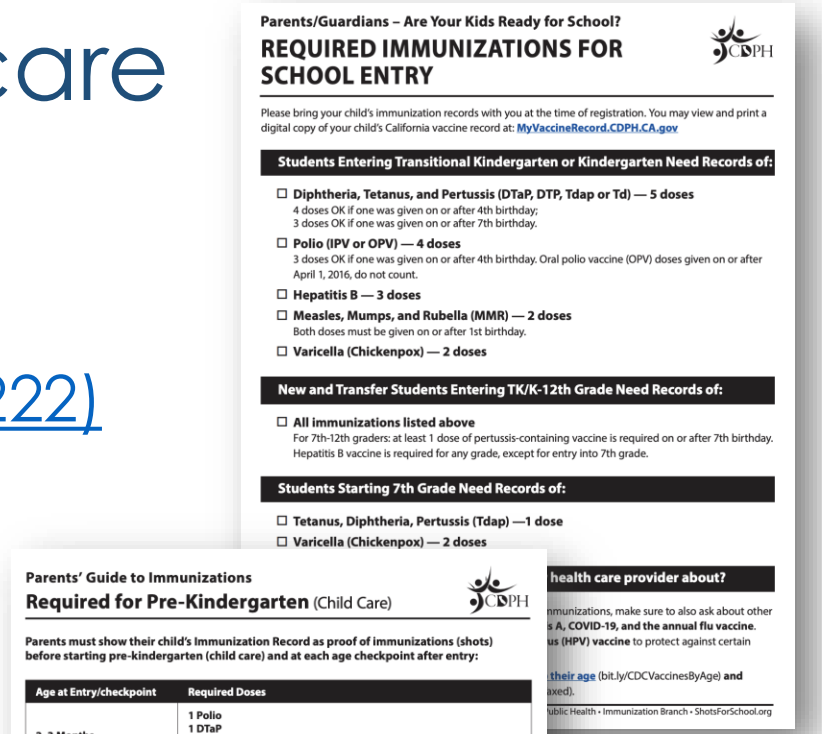
Found on ShotsforSchool.org

- Required Immunizations for School Entry (IMM-222)

Spanish | Arabic | Armenian | Cambodian | Chinese | Farsi | Hmong Korean | Russian | Tagalog | Ukrainian | Vietnamese

- Required Immunizations for Pre-Kindergarten/Child Care (IMM-222)

Spanish | Arabic | Armenian | Cambodian | Chinese | Farsi | Hmong | Korean | Russian | Tagalog | Vietnamese



Parents/Guardians – Are Your Kids Ready for School?

REQUIRED IMMUNIZATIONS FOR SCHOOL ENTRY

Please bring your child's immunization records with you at the time of registration. You may view and print a digital copy of your child's California vaccine record at: MyVaccineRecord.CDPH.CA.gov

Students Entering Transitional Kindergarten or Kindergarten Need Records of:

- ☐ **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap or Td) — 5 doses**
  4 doses OK if one was given on or after 4th birthday;
  3 doses OK if one was given on or after 7th birthday.
- ☐ **Polio (IPV or OPV) — 4 doses**
  3 doses OK if one was given on or after 4th birthday. Oral polio vaccine (OPV) doses given on or after April 1, 2016, do not count.
- ☐ **Hepatitis B — 3 doses**
- ☐ **Measles, Mumps, and Rubella (MMR) — 2 doses**
  Both doses must be given on or after 1st birthday.
- ☐ **Varicella (Chickenpox) — 2 doses**

New and Transfer Students Entering TK/K-12th Grade Need Records of:

- ☐ **All immunizations listed above**
  For 7th-12th graders: at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
  Hepatitis B vaccine is required for any grade, except for entry into 7th grade.

Students Starting 7th Grade Need Records of:

- ☐ **Tetanus, Diphtheria, Pertussis (Tdap) —1 dose**
- ☐ **Varicella (Chickenpox) — 2 doses**

health care provider about?

nmunizations, make sure to also ask about other
s A, COVID-19, and the annual flu vaccine.
us (HPV) vaccine to protect against certain

their age (bit.ly/CDCVaccinesByAge) **and**
axed).

ublic Health • Immunization Branch • ShotsForSchool.org

Parents' Guide to Immunizations

Required for Pre-Kindergarten (Child Care)

Parents must show their child's Immunization Record as proof of immunizations (shots) before starting pre-kindergarten (child care) and at each age checkpoint after entry:

Age at Entry/checkpoint	Required Doses
2–3 Months	1 Polio 1 DTaP 1 Hep B 1 Hib
4-5 Months	2 Polio 2 DTaP 2 Hep B 2 Hib
6-14 Months	2 Polio 3 DTaP 2 Hep B 2 Hib
15-17 Months	3 Polio 3 DTaP 2 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)
18 Months–5 Years	3 Polio 4 DTaP 3 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)

* One Hib dose must be given on or after the 1st birthday regardless of previous doses.
Required only for children younger than 5 years old.

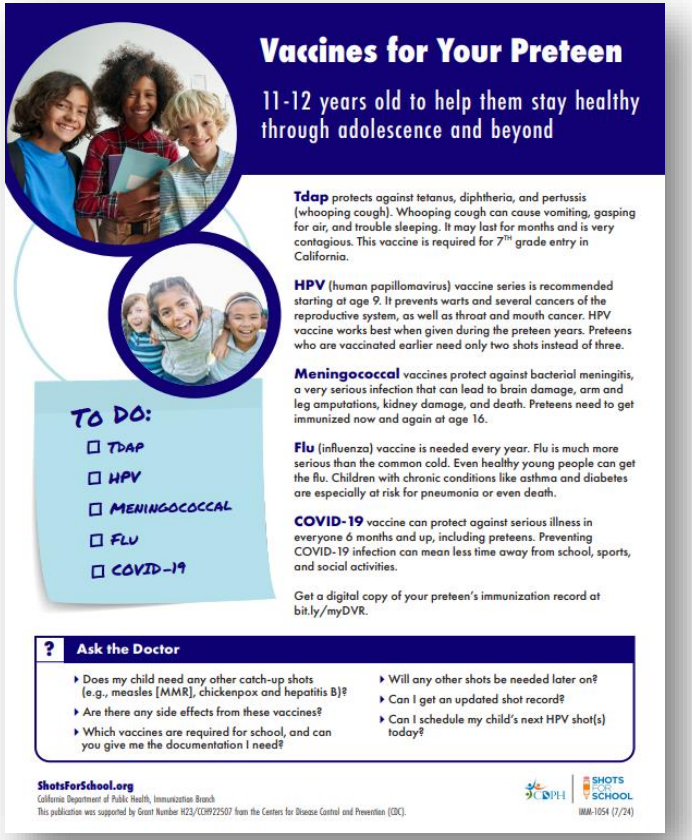
Polio = inactivated polio vaccine (IPV)
(oral polio vaccine [OPV] does not count)
DTaP = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine
Hep B = hepatitis B vaccine
Varicella = chickenpox vaccine
Hib = Haemophilus influenzae, type B vaccine
MMR = measles, mumps, and rubella vaccine

IMM-222 Child Care (5/24) California Department of Public Health • Immunization Branch • ShotsForSchool.org

Education Materials for Parents of Preteens

Vaccines for Your Preteen flyer includes information about school-required and routinely recommended vaccines.

Available in English | Spanish (& Mixtec) | Arabic | Chinese | Hmong | Russian | Tagalog | Ukrainian | Vietnamese



Ready for 7th Grade? flyer includes information about school-required vaccines.

Available in English | Spanish

Toolkits, Flyers, Conversations Guides, and Videos

- VaccinesforChildrenInfographic-Eng.pdf | Spanish
- Immunization Timing 2024 | Spanish
- More immunization promotional materials
- Parent Education

Let's RISE!
Routine Immunizations on Schedule for Everyone

[Resources to Encourage Routine Childhood Vaccinations | CDC]

[Routine Immunizations on Schedule for Everyone (RISE) | CDC]

Upcoming Webinar Opportunities

CDPH Immunization Updates for Providers

Next session: Friday, August 9, 2024

9:00 am – 10:30 am, PT

California Department of Public Health
Immunization Branch

Special Thanks to Today's Presenter:

Eric Ball, MD

Webinar Planning & Support:

Billie Dawn Greenblatt, Michael Fortunka, Blanca Corona

CDPH Subject Matter Experts

Thank you for joining CDPH

for today's Crucial Conversations webinar!