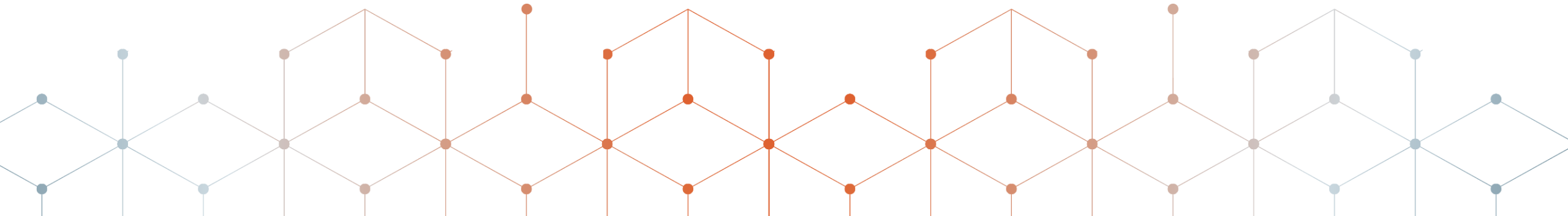


# Maine Schools & Vaccines

## Fall 2024

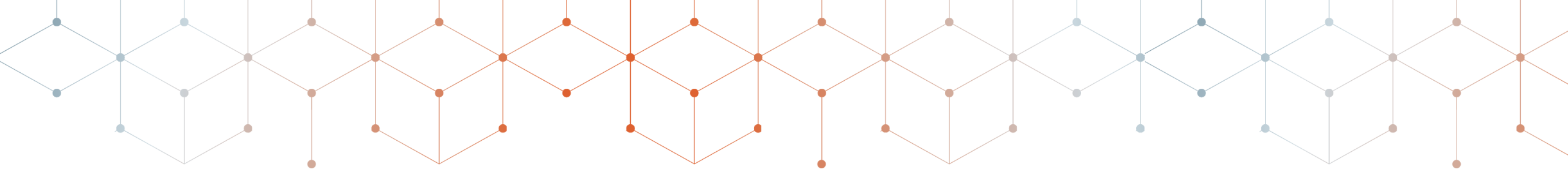
**DR. LAURA BLAISDELL, MD/MPH, FAAP**

October 1, 2024



***None of the planners or speakers for this activity have relevant financial relationships to disclose.***



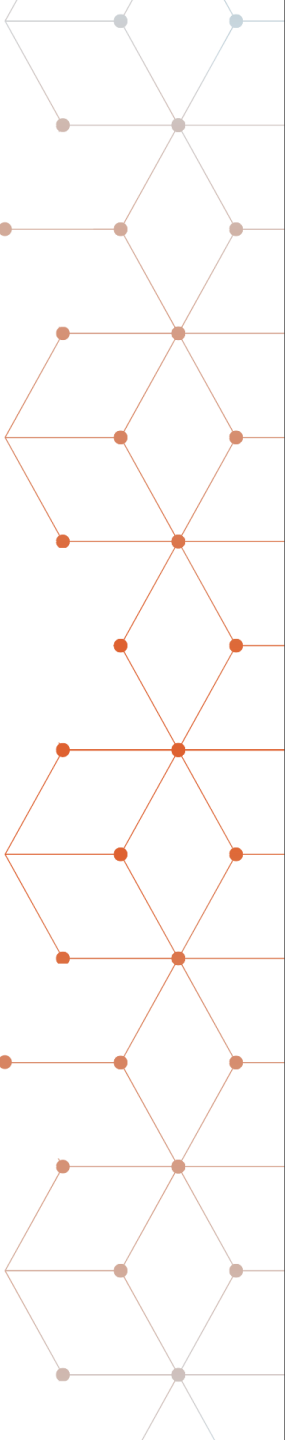


# Agenda

- **School vs Child Care Vaccine Requirements**
- **Medical Exemptions**
- **Temporary Medical Exemptions**
- **Delayed Proof of Vaccination**
- **Where to get school vaccines?**
  - PROVIDERS OFFICE
  - PHARMACIES
  - SCHOOL VACCINE CLINICS &/or SBHCs
- **Question & Dialogue**

# Maine's Vaccine Law

- **Previous law allowed religious or philosophical exemptions**
  - Elementary and Secondary Schools (private and public)
  - Postsecondary Schools
  - Nursery Schools
  - Health Care Facilities
- **New Law removes exemption verbiage from regulations.**
  - Department of Education (DOE) and the Department of Health and Human Services to remove any immunization exemptions based on religious or philosophical beliefs from their rules.
- **Requires the DOE to adopt rules allowing a student who:**
  - Is covered by an individualized education plan...
  - *with* philosophical or religious immunization exemption...
  - To continue to attend school under the existing exemption as long as...
  - an appropriate medical professional provides a statement that the medical professional has provided information on the risks and benefits associated with the choice to immunize.



# Immunization Requirements

- **Removes verbiage “religious or philosophical belief exemption” from multiple sets of regulations.**
  - Rules for the Licensing of Child Care Facilities (OCFS Rule)
  - Family Childcare Provider Licensing Rule (OCFS Rule)
  - Rules for the Licensing of Nursery Schools (OCFS Rule)
  - Immunization Requirements for School Children (DOE and Maine CDC Joint Rule)
  - Rules and Regulations Post-secondary School Immunizations Required (Maine CDC Rule)
  - Requirements for Healthcare Workers (Maine CDC Rule)

STATE OF MAINE  
IMMUNIZATION REQUIREMENTS  
FOR SCHOOL CHILDREN



05-071 CODE OF MAINE RULES  
CHAPTER 126  
Department of Education

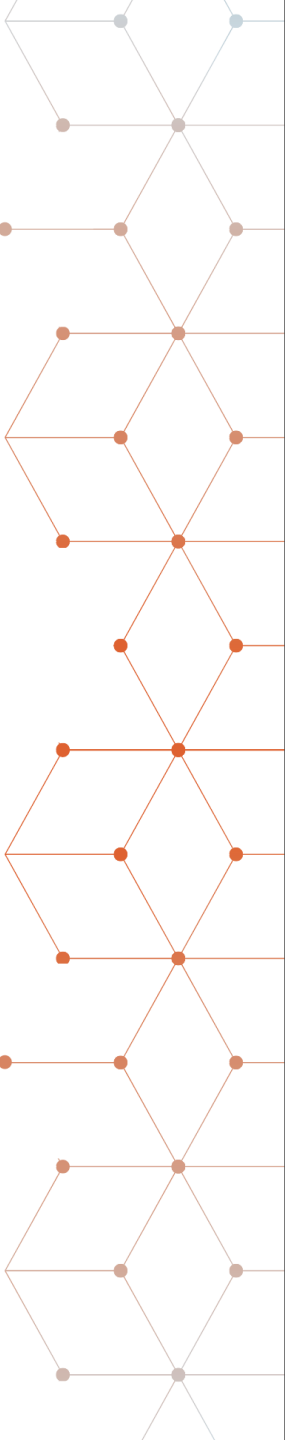
and

10-144 CODE OF MAINE RULES  
CHAPTER 261  
Department of Health and Human Services  
Maine Center for Disease Control and Prevention

# But...

**Vaccine requirements listed in regulation are different depending on institution.**

- Schools
- Child Care
- College/University
- Health Care settings



# What Vaccines Are Needed for School?

## Kindergarten

- **5 DTaP** (4 DTaP if 4th is given on or after 4th birthday)
- **4 Polio** (if 4th dose given before 4th birthday, an additional age appropriate IPV should be given on or after the 4th birthday)
- **2 MMR**
- **2 Varicella**

## 7<sup>th</sup> Grade

- **1 Tdap**
- **1 Meningococcal conjugate (MCV4)**

## 12<sup>th</sup> Grade

- **Meningococcal conjugate (MCV4)** (only one dose is required if 1st dose is given on or after 16th birthday)

# ACIP vs. School

to determine minimum interval between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs	
Hepatitis B (HepB)	1 <sup>st</sup> dose	← 2 <sup>nd</sup> dose →								← 3 <sup>rd</sup> dose →								
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose					← 4 <sup>th</sup> dose →			5 <sup>th</sup> dose					
Haemophilus influenzae type b (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes					← 3 <sup>rd</sup> or 4 <sup>th</sup> dose, See Notes →								
Pneumococcal conjugate (PCV13)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose					← 4 <sup>th</sup> dose →								
Inactivated poliovirus (IPV <18 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose						← 3 <sup>rd</sup> dose →			4 <sup>th</sup> dose					
Influenza (IIV) OR Influenza (LAIV4)										Annual vaccination 1 or 2 doses					Annual vaccination 1 dose only			
Measles, mumps, rubella (MMR)						See Notes				← 1 <sup>st</sup> dose →			2 <sup>nd</sup> dose					
Varicella (VAR)										← 1 <sup>st</sup> dose →			2 <sup>nd</sup> dose					
Hepatitis A (HepA)					See Notes					2-dose series, See Notes								
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)																	Tdap	
Human papillomavirus (HPV)																	See Notes *	
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)										See Notes							1 <sup>st</sup> dose	2 <sup>nd</sup> dose
Meningococcal B																		See Notes
Pneumococcal polysaccharide (PPSV23)																		See Notes

## Kindergarten

- 5 DTaP (4 DTaP if 4th is given on or after 4th birthday)
- 4 Polio (if 4th dose given before 4th birthday, an additional age appropriate IPV should be given on or after the 4th birthday)
- 2 MMR
- 2 Varicella

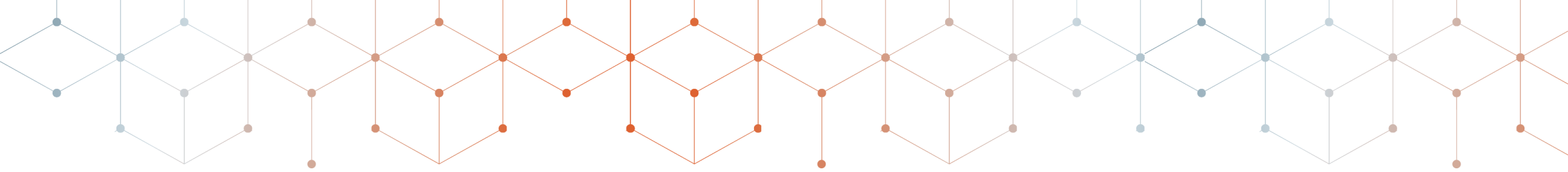
## 7<sup>th</sup> Grade

- 1 Tdap
- 1 Meningococcal conjugate (MCV4)

## 12<sup>th</sup> Grade

- Meningococcal conjugate (MCV4) (only one dose is required if 1st dose is given on or after 16th birthday)



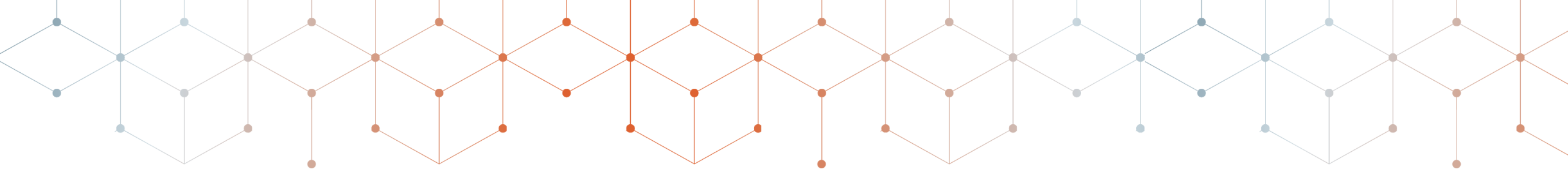


# What Vaccines NOT included for K-12 Schools?

- Hepatitis A
- Hepatitis B
- Pneumococcal
- Human Papilloma Virus (HPV)
- H. Flu B (HiB)
- Rotavirus
- Influenza
- COVID-19
- RSV

# What Vaccines? Childcare

Vaccine	DTaP	Hib	Polio	MMR	Varicella	Hepatitis B	PVC13	Hepatitis A	Rotavirus*
At 2 months	1 <sup>st</sup>	1 <sup>st</sup>	1 <sup>st</sup>			1 <sup>st</sup>	**1 <sup>st</sup>		1 <sup>st</sup>
At 4 months	2 <sup>nd</sup>	2 <sup>nd</sup>	2 <sup>nd</sup>			2 <sup>nd</sup>	2 <sup>nd</sup>		2 <sup>nd</sup>
At 6 months	3 <sup>rd</sup>	3 <sup>rd</sup>	(2)				3 <sup>rd</sup>		*3 <sup>rd</sup>
By 15 months	(3)	(3)	(2)	1 <sup>st</sup>	1 <sup>st</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	1 <sup>st</sup>	
At 18 months	4 <sup>th</sup>		3 <sup>rd</sup>	(1)	(1)	(3)		2 <sup>nd</sup>	
By 36 months	(4)		(3)	(1)	(1)			(1)	
By 48 months	(4)		(3)	(1)	(1)			(1)	
At age 5 Kindergarten entry	5 <sup>th</sup>		4 <sup>th</sup>	2 <sup>nd</sup>	(1)				



# What Vaccines? Postsecondary

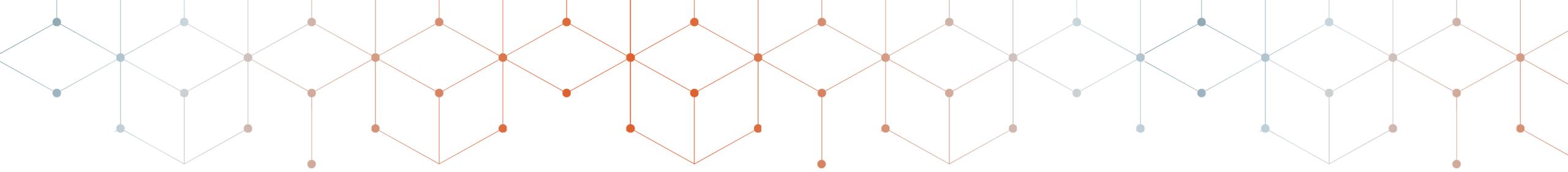
- 2 MMR after first birthday
- 1 Td or Tdap given within the last 10 years
- Universities & Colleges can require other vaccines as well

# Summary on Maine AAP

## Maine's Vaccine Quick Sheet

Vaccine	Kindergarten	7th grade	12th grade	Post HS	Childcare
DTAP	x	x Tdap		x Tdap	x
IPV	x				x
MMR	x			x	x
VZV	x				x
Meningococcal		x	x		
HiB					x
PCV13					x
Hep A					x
Hep B					x

<https://www.maineaap.org>



# Certification or Proof of Immunity

- **Certificate of Immunization**
  - Physician, nurse, public health official, or school health provider who has administered the immunizing agent(s) to the student.
  - The certificate shall specify the immunizing agent, and the date(s) on which it was administered.
  - Beware of COIs that seem out of ordinary
- **Proof of Immunity** = Laboratory evidence demonstrating immunity when having had the disease or being vaccinated is likely
  - Think Refugee Health



# Why 1 dose isn't enough.

- **Not enough immunity generated.**
  - For some vaccines (primarily inactivated vaccines), first dose does not generate maximum immunity, 2<sup>nd</sup> dose required for complete immunity. The HiB vaccine is a good example.
  - This is especially true for live vaccines (e.g. MMR)
- **Immunity Wanes.**
  - For some vaccines immunity wears off & 'boosters' are needed. Tdap is a good example.
- **New Variants Require New Vaccine**
  - Flu and COVID-19

# Medical Exemptions Then & Now

## THEN

- Medical contraindications were listed in State Rules



## NOW

- MD/DO, NP/PA
- Licensed in Maine
- “in their professional judgment, immunization against one or more of the diseases may be medically inadvisable”

### B. Medical Exemptions

The following are medical contraindications for which medical exemptions may be certified by a physician for immunizations required by 20-A M.R.S. §§ 6352-6359:

**Pertussis vaccine:** 1) fever greater than or equal to 40.5 C (105 F); collapse or shock-like state (hypotonic-hyporesponsive episode), or persistent, inconsolable crying lasting three or more hours within 48 hours of receiving a prior dose of the pertussis vaccine; 2) seizures occurring within three days of receiving a prior dose of pertussis vaccine; 3) encephalopathy within seven days of administration of a previous dose of pertussis vaccine; or 4) anaphylactic reaction to pertussis vaccine or a vaccine constituent.

**Diphtheria or tetanus toxoids:** 1) anaphylactic reaction to diphtheria or tetanus toxoids or a toxoid constituent.

**Measles or mumps vaccine:** 1) pregnancy; 2) known altered immunodeficiency (hematologic and solid tumors; congenital immunodeficiency; and long-term immunosuppressive therapy); 3) anaphylactic reactions to egg ingestion or to neomycin; 4) anaphylactic reaction to measles or mumps vaccine or a vaccine constituent.

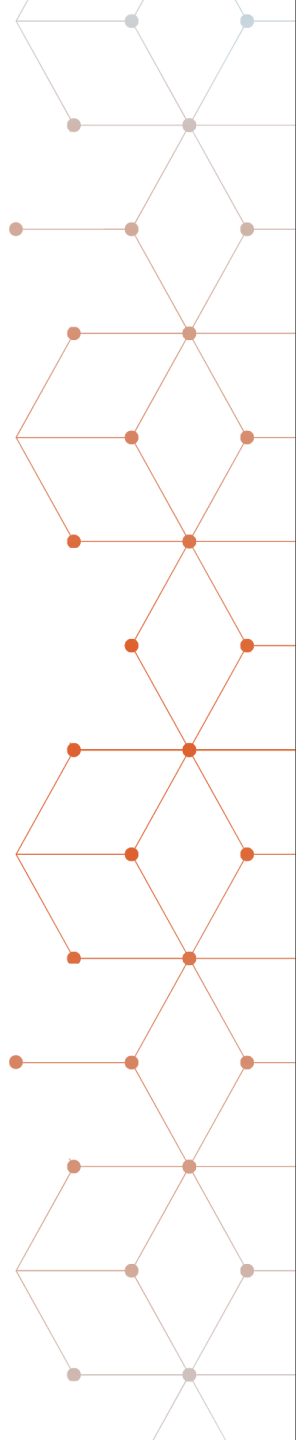
**Rubella vaccine:** 1) pregnancy; 2) known altered immunodeficiency (hematologic and solid tumors; congenital immunodeficiency; and long-term immunosuppressive therapy); 3) anaphylactic reactions to neomycin; 4) anaphylactic reaction to rubella vaccine or a vaccine constituent.

**Live polio vaccine:** 1) known altered immunodeficiency (hematologic and solid tumors; congenital immunodeficiency; long-term immunosuppressive therapy); other immunodeficient condition; 2) immunodeficient household contact; 3) anaphylactic reaction to polio vaccine or a vaccine constituent.

**Inactivated polio vaccine:** 1) anaphylactic reactions to neomycin or streptomycin; 2) anaphylactic reaction to polio vaccine or a vaccine constituent.

**Varicella:** 1) pregnancy; 2) immunosuppression; 3) anaphylactic reaction to a vaccine component; 4) recent recipient of antibody-containing blood product.

**Quadrivalent meningococcal conjugate vaccine:** 1) pregnancy; or 2) anaphylactic reaction to meningococcal vaccine or a vaccine constituent.



# Medical Exemptions: Contraindication Examples

## Contraindications

- Conditions that increase risk for serious adverse reaction.
- Most commonly is a severe allergic reaction to previous vaccine.

## Other Specific Contraindication Examples

- **Live Vaccines (MMR, VZV, ROTA, Internasal Flu)**
  1. **Severely immunocompromised** persons should generally not receive live vaccines.
  2. **Severe combined immunodeficiency disease (SCID)** and a **history of intussusception** are both contraindications to rotavirus vaccines (live).
  3. **Live attenuated virus vaccines**, because of a theoretical risk to the fetus, should generally not be given to pregnant women.
- **Tetanus/Pertussis** Persons with **encephalopathy** within 7 days after administration of dose of pertussis containing vaccine (not attributable to other identifiable causes) no more pertussis



# Medical Exemptions: Precautions

<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

## Precautions

- Conditions that might **increase the risk for serious adverse reaction**, might cause **diagnostic confusion**, or might **compromise ability of the vaccine** to produce immunity.
- Vaccine **might be indicated even in the presence of a precaution** if the benefit outweighs the risk.

## Examples

- Moderate or severe acute illness with or without a fever.  
THE SAFETY AND EFFICACY OF VACCINATION IN MILD ILLNESSES HAS BEEN ESTABLISHED.
- Administering measles vaccine to a person with passive immunity to measles from a blood transfusion administered up to seven months prior.
- Current, recent or upcoming anesthesia, surgery, hospitalization is not necessarily a contraindication to vaccination.
- A personal or family history of seizures is a precaution for MMRV vaccination.

STUDY FINDING INCREASED RISK OF FEBRILE SEIZURES IN CHILDREN 12-23 MONTHS WHO RECEIVED MMRV COMPARED WITH MMR AND VARICELLA SEPARATELY.

# Conditions Incorrectly Perceived as Precaution or Contraindication

## All Vaccines

- Mild acute illness with or without fever
- Current antimicrobial therapy
- Preterm birth
- Recent exposure to infectious disease
- Receiving allergen immunotherapy
- History of penicillin allergy
- History of Guillain-Barre Syndrome

UNLESS <6WEEKS AFTER INFLUENZA VACCINE

## Flu

- Non-severe allergy to latex or egg

## MMR

- Positive TB skin test
- Breast-feeding
- Immunodeficient family member in the household
- Asymptomatic or mildly symptomatic HIV infection

## DTaP

- Fever after a prior vaccination
- Seizure less than three days after previous DTP/DTaP dose
- Family history of seizures or SIDS
- Stable neurologic condition (e.g. cerebral palsy, well-controlled seizures, developmental delay)

# Medical Exemption Forms



## REQUEST FOR MEDICAL EXEMPTION FROM MANDATORY IMMUNIZATION SCHOOL FORM

Use of aspirin or aspirin-containing products

**Other.** Please explain fully and attach additional sheets as necessary. Please be sure to check Table 2 below to ensure that the condition is not one incorrectly perceived as a contraindication or precaution.

### Attestation

I am a physician (M.D. or D.O) licensed to practice medicine in a jurisdiction of the United States or an advanced practice nurse (N.P./P.A) licensed in a jurisdiction of the United States.

By signing below, I affirm that I have reviewed the current ACIP Contraindications and Precautions and affirm that the stated contraindication(s)/precaution(s) is enumerated by the ACIP and consistent with established national standards for vaccination practices. I understand that I might be required to submit supporting medical documentation. I understand that any misrepresentation will result in referral to the appropriate licensing board and/or regulatory agency.

Healthcare Provider Name (*please print*): \_\_\_\_\_ Specialty: \_\_\_\_\_

NPI Number: \_\_\_\_\_ License Number: \_\_\_\_\_ State of Licensure: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Table 1. ACIP Contraindications and Precautions to Vaccination for Mandatory School Immunization**

Vaccine	Exemption Length	ACIP Contraindications and Precautions (CHECK ALL THAT APPLY)
<input type="checkbox"/> DTaP, Tdap	<input type="checkbox"/> Temporary through: _____  <input type="checkbox"/> Permanent	<p><b>Contraindications</b></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a vaccine component <input type="checkbox"/> Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of a previous dose of DTP, DTaP, or Tdap <p><b>Precautions</b></p> <input type="checkbox"/> Progressive neurologic disorder, including infantile epilepsy, progressive encephalopathy; defer DTaP until neurologic status clarified and stabilized <input type="checkbox"/> Guillain-Barré syndrome < 6 weeks after previous dose of tetanus-toxoid-containing vaccine <input type="checkbox"/> History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid-containing or tetanus toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine
<input type="checkbox"/> Inactivated polio virus vaccine (IPV)	<input type="checkbox"/> Temporary through: _____	<p><b>Contraindications</b></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component

<https://www.maineaap.org/assets/docs/Maine-AAP-School-Med-Exempt-Form-v3-20210511.pdf>

# Temporary Medical Exemptions

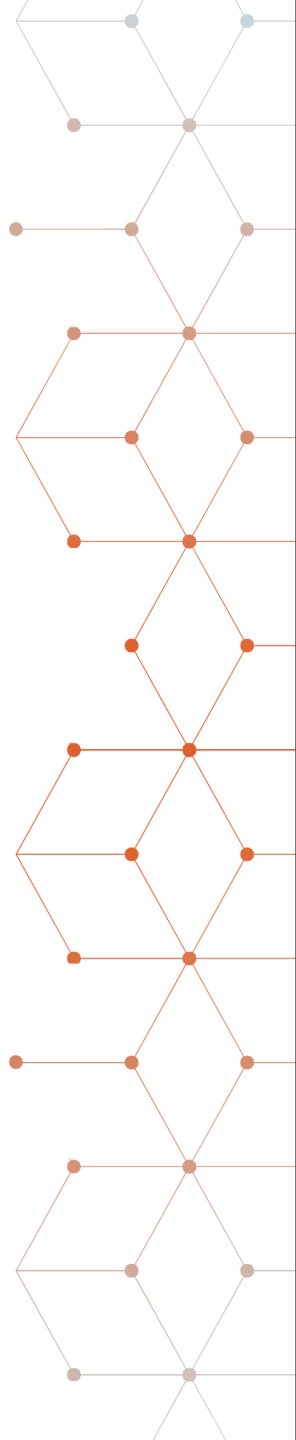


## REQUEST FOR MEDICAL EXEMPTION FROM MANDATORY IMMUNIZATION SCHOOL FORM

**Table 1. ACIP Contraindications and Precautions to Vaccination for Mandatory Vaccines**

Vaccine	Exemption Length	ACIP Contraindications and Precautions (CHECK ALL THAT APPLY)
<input type="checkbox"/> DTaP, Tdap	<input type="checkbox"/> Temporary through: _____  <input type="checkbox"/> Permanent	<p><b>Contraindications</b></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of a previous dose of DTP, DTaP, or Tdap  <p><b>Precautions</b></p> <input type="checkbox"/> Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy; defer DTaP or Tdap until neurologic status clarified and stabilized <input type="checkbox"/> Guillain-Barré syndrome < 6 weeks after previous dose of tetanus-toxoid-containing vaccine <input type="checkbox"/> History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid-containing or tetanus toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine
<input type="checkbox"/> Inactivated polio virus vaccine (IPV)	<input type="checkbox"/> Temporary through: _____	<p><b>Contraindications</b></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component

<https://www.maineaap.org/assets/docs/Maine-AAP-School-Med-Exempt-Form-v3-20210511.pdf>



# Catch Up Schedules

- Divided into 4mo-6 yrs & 7-19 yrs
- Some vaccines are 'aged out of'
  - i.e. Rotavirus, HiB, Pneumococcal
- Some vaccines have different number of doses at older ages
- It is the time from dose to dose that generates a temporary medical exemption.

**Table 2** Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 month Behind, United States, 2021

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the notes that follow.**

Vaccine	Minimum Age for Dose 1	Children age 4 months through 6 years			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	4 weeks	4 weeks Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months
Haemophilus influenzae type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1 <sup>st</sup> birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.	No further doses needed if previous dose was administered at age 15 months or older. 4 weeks if current age is younger than 12 months and first dose was administered at younger than age 7 months and at least 1 previous dose was PRP-T (ActHib, Pentacel, Hibex) or unknown. 8 weeks and age 12 through 59 months (as final dose) if current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months and first dose was administered before the 1 <sup>st</sup> birthday and second dose was administered at younger than 15 months; OR if both doses were PRP-OMP (PedvaxHIB, Comvax) and were administered before the 1 <sup>st</sup> birthday.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 <sup>st</sup> birthday.	
Pneumococcal conjugate	6 weeks	No further doses needed for healthy children if first dose was administered at age 24 months or older. 4 weeks if first dose was administered before the 1 <sup>st</sup> birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1 <sup>st</sup> birthday or after.	No further doses needed for healthy children if previous dose was administered at age 24 months or older. 4 weeks if current age is younger than 12 months and previous dose was administered at <7 months old. 8 weeks (as final dose for healthy children) if previous dose was administered between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was administered before age 12 months.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus	6 weeks	4 weeks	4 weeks if current age is <4 years. 6 months (as final dose) if current age is 4 years or older.	6 months (minimum age 4 years for final dose).	
Measles, mumps, rubella	12 months	4 weeks			
Varicella	12 months	3 months			
Hepatitis A	12 months	6 months			
Meningococcal ACWY	2 months MenACWY-CRM 9 months MenACWY-D 2 years MenACWY-TT	8 weeks	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	8 weeks			
Tetanus, diphtheria, tetanus, diphtheria, and acellular pertussis	7 years	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 <sup>st</sup> birthday.	6 months if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday.	
Human papillomavirus	9 years	Routine dosing intervals are recommended.			
Hepatitis A	N/A	6 months			
Hepatitis B	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus	N/A	4 weeks	6 months A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	4 weeks			
Varicella	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

# Catch Up Schedules

## K-12 School Required Vaccines

- 5 DTaP (4 DTaP if 4th is given on or after 4th birthday)
- 4 Polio (if 4th dose given before 4th birthday, an additional age appropriate IPV should be given on or after the 4th birthday)
- 2 MMR
- 2 Varicella

Total Catchup  
Time:  
13 months

### Children age 4 months through 6 years

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months

# Catch Up Schedules

## K-12 School Required Vaccines

- 5 DTaP (4 DTaP if 4th is given on or after 4th birthday)
- **4 Polio (if 4th dose given before 4th birthday, an additional age appropriate IPV should be given on or after the 4th birthday)**
- 2 MMR
- 2 Varicella

Total Catchup Time:  
 <3yr 4mo = 8 months  
 >4yr = 7 months

### Children age 4 months through 6 years

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Inactivated poliovirus	6 weeks	4 weeks	4 weeks if current age is <4 years. 6 months (as final dose) if current age is 4 years or older.	6 months (minimum age 4 years for final dose).	



# Catch Up Schedules

## K-12 School Required Vaccines

- 5 DTaP (4 DTaP if 4th is given on or after 4th birthday)
- 4 Polio (if 4th dose given before 4th birthday, an additional age appropriate IPV shot or after the 4th birthday)
- **2 MMR**
- **2 Varicella**

Total Catchup Time:  
1 month

Total Catchup  
Time:  
1 month



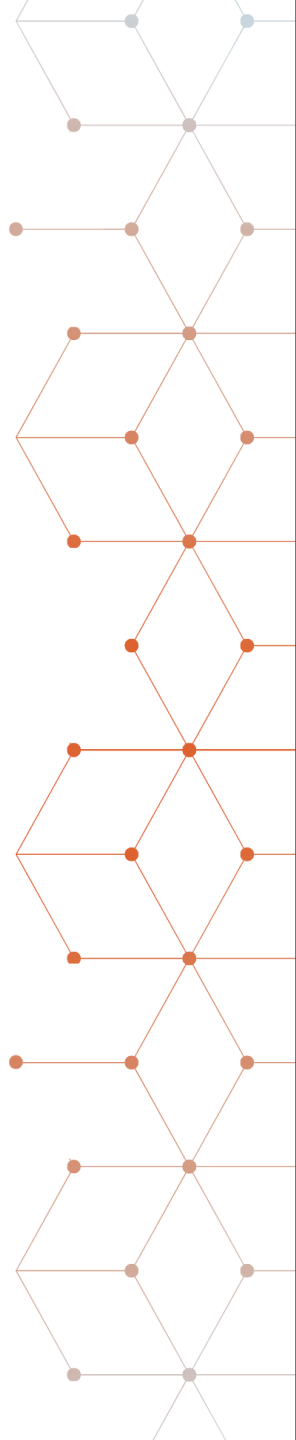
# Catch Up Schedule 7-18 years

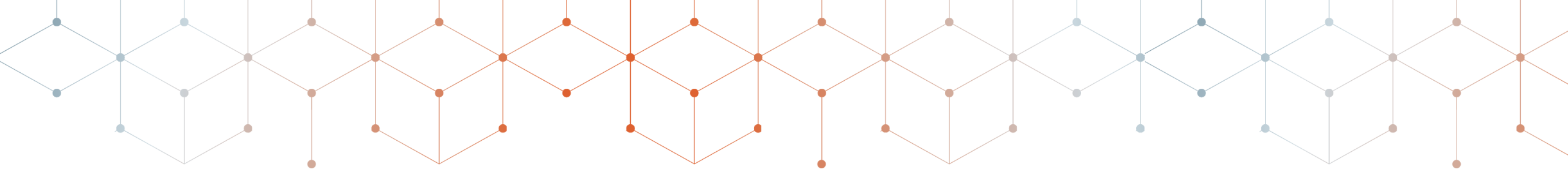
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	8 weeks			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 <sup>st</sup> birthday.	6 months if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday.	
Human papillomavirus	9 years	Routine dosing intervals are recommended.			
Hepatitis A	N/A	6 months			
Hepatitis B	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus	N/A	4 weeks	6 months A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	4 weeks			
Varicella	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

# TDAP HELP!

<https://www.cdc.gov/vaccines/schedules/downloads/child/job-aids/tdap-1.pdf>

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due	
7 through 9 years <sup>1</sup>	Unknown or 0	→	→	→	Give Dose 1 (Tdap) today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1	
	1	Dose 1 was given <b>before</b> 12 months of age	→	→	→	Give Dose 2 (Tdap) today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	It has been at least 4 weeks since Dose 1	Dose 1 was Tdap	Give Dose 2 (Td or Tdap) today	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2	
				Dose 1 was <b>not</b> Tdap	Give Dose 2 (Tdap) today		
		Dose 1 was given at 12 months of age or older	It has <b>not</b> been 4 weeks since Dose 1	Dose 1 was Tdap	No dose today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1	
	Dose 1 was <b>not</b> Tdap			Give Dose 2 (Tdap) at least 4 weeks after Dose 1			
	2	Dose 1 was given <b>before</b> 12 months of age	It has been at least 4 weeks since Dose 2	Dose 2 was Tdap <sup>1</sup>	Give Dose 3 (Td or Tdap) today	Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3	
				No dose was Tdap	Give Dose 3 (Tdap) today		
			It has <b>not</b> been 4 weeks since Dose 2	Dose 2 was Tdap	No dose today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2	
				No dose was Tdap		Give Dose 3 (Tdap) at least 4 weeks after Dose 2	
		Dose 1 was given at 12 months of age or older	It has been at least 6 calendar months since Dose 2	Any dose was Tdap <sup>1</sup>	Give Dose 3 (Td or Tdap) today	Give Tdap at 11–12 years of age <sup>12</sup>	
				No dose was Tdap	Give Dose 3 (Tdap) today		
Dose 1 was given at 12 months of age or older	It has <b>not</b> been 6 calendar months since Dose 2	Any dose was Tdap <sup>1</sup>	No dose today	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2 <sup>1</sup>			
		No dose was Tdap		Give Dose 3 (Tdap) at least 6 calendar months after Dose 2			





# Sample Catchup for 5yo with No vaccines?

- **5 DTaP** (4 DTaP if 4th is given on or after 4th birthday)
- **4 Polio** (if 4th dose given before 4th birthday, an additional age appropriate IPV should be given on or after the 4th birthday)
- **2 MMR**
- **2 Varicella**

Today:

- 1<sup>st</sup> DTaP
- 1<sup>st</sup> IPV
- 1<sup>st</sup> MMR
- 1<sup>st</sup> VZV

4 weeks:

- 2<sup>nd</sup> DTaP
- 2<sup>nd</sup> IPV
- 2<sup>nd</sup> MMR
- 2<sup>nd</sup> VZV

4 weeks:

- 3<sup>rd</sup> DTaP

6 months

- 3<sup>rd</sup> IPV

6 months

- 4<sup>th</sup> DTaP

Final Dose b/c >4years and 2<sup>nd</sup> dose was 6months ago

Final Dose b/c >4years



# IEP Exemptions

- Student with IEP on September 1, 2021
- Must obtain statement of counseling from
  - MD/DO, NP/PA
  - Saying provider made parent or guardian aware of the risks and benefits associated with the choice to immunize.
- Resources to Assist Providers
  - [Refusal To Vaccinate Form](#) provided by the AAP as documentation of counseling.
    - [https://www.aap.org/en-us/documents/immunization\\_refusaltovaccinate.pdf](https://www.aap.org/en-us/documents/immunization_refusaltovaccinate.pdf)
  - [Maine DOE Immunization Exemption Form](#)
    - <https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/Immunization%20Exemption%20IEP%20%281%29.pdf>

## Immunization Exemption Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In accordance with [MRS 20-A §6355](#), a student covered by an Individualized Education Plan on September 1, 2021 who elected a philosophical or religious exemption from immunization requirements on or before September 1, 2021 pursuant to the law in effect prior to that date may continue to attend school under that student's existing exemption as long as:

- A. The parent or guardian of the student provides a statement from a licensed physician, nurse practitioner or physician assistant that the physician, nurse practitioner or physician assistant has consulted with that parent or guardian and has made that parent or guardian aware of the risks and benefits associated with the choice to immunize; or
- B. If the student is 18 years of age or older, the student provides a statement from a licensed physician, nurse practitioner or physician assistant that the physician, nurse practitioner or physician assistant has consulted with that student and has made that student aware of the risks and benefits associated with the choice to immunize.

I/we have elected to have a philosophical or religious exemption from immunization requirements for this person prior to Sept 1, 2021 and are continuing to do so as this person has an individualized education program (IEP) in place.

This exemption is for the following immunizations:

- o All required immunizations
- o The following specific immunizations:
  - o Diphtheria, Tetanus, Pertussis
  - o Polio
  - o Measles/Mumps/Rubella
  - o Varicella
  - o Meningococcal disease

I understand that I must provide a statement from a healthcare provider as listed above to accompany this form and must do this annually. The Special Education Director of this person's school district will certify that an IEP is currently in place on or before September 1, 2021.

I understand that in the case of an outbreak of a specific disease, for which my child is not protected, my child may be kept out of school and school activities as advised by the Maine Centers for Disease Control and Prevention. The length of time my child will be kept out may vary depending on the disease and the length of the outbreak. I also understand that if my child is kept out of school, the school is not required to provide off-site classes or tutoring. The child's educational needs may be met by making arrangements for the delivery of school assignments, correction of papers, and similar activities which can be accomplished at home. Any child who is unable to take examinations during this period shall be afforded the opportunity to make up the examinations, similar to arrangements made for children who have other excused absences.

Printed Name and Signature \_\_\_\_\_ Relationship to student \_\_\_\_\_ Date \_\_\_\_\_

FOR SCHOOL USE ONLY

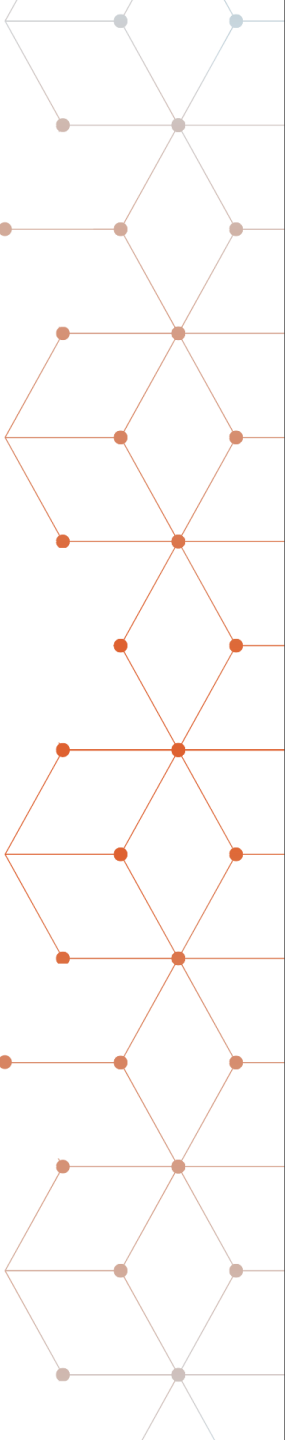
Statement from healthcare provider received.

I, \_\_\_\_\_, a school administrative unit representative for Special Education, certify that an IEP is in place for the student listed above on or before September 1, 2021 which makes them eligible to maintain the philosophical or religious exemption for immunization requirements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Delayed Proof of Vaccination ≠ No Immunizations

- **Students do arrive to school without vaccination records.**
  - New Mainers
  - McKinney-Vento Students
    - Living in emergency or transitional housing
    - Living in motels, hotels or campgrounds
    - Sharing housing due to economic hardship
    - Living in cars, parks or other public spaces
  - Others!
- **Some students are protected from exclusion from school if they cannot provide proof of vaccination at the start of school.**
- **Schools can exclude the student after a period of time if they do not demonstrate proof of vaccination or if there is no progress towards vaccination compliance**



# Where to get School Required Vaccination in Maine?

## PROVIDERS OFFICES

- Providers should prioritize school required vaccines for all appointments.
- Best Practices
  - EXEMPTION REPORTS
  - USE OF FLU CLINICS OR RN VISITS
- Consider giving a “backdoor connection” to school RNs to ease communication and facilitate vaccination

## PHARMACIES

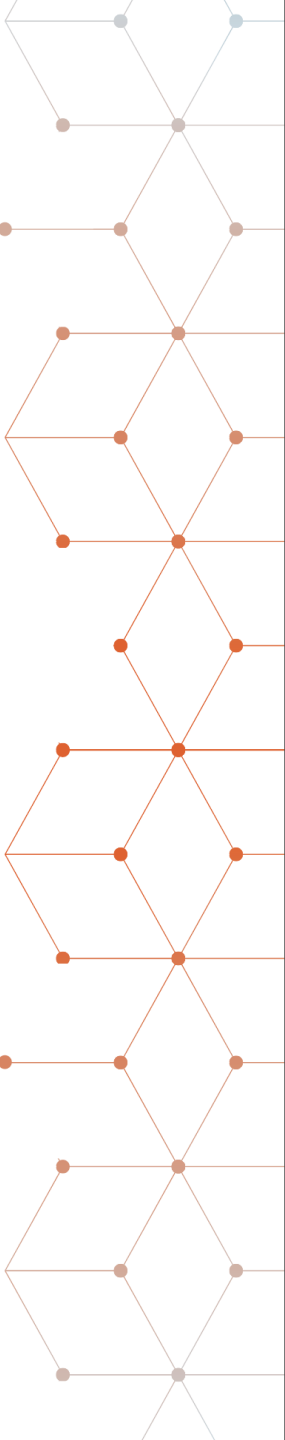
- COVID/Flu >3 years without Rx, all other vaccines >3 years of age require Rx.
- Pharmacy enrolled in VFC/MIP is no cost. Otherwise insurance billed.
- Pharmacies providing COVID  
<https://www.maine.gov/covid19/vaccines/vaccination-sites>

## SCHOOL CLINICS/SBHCs

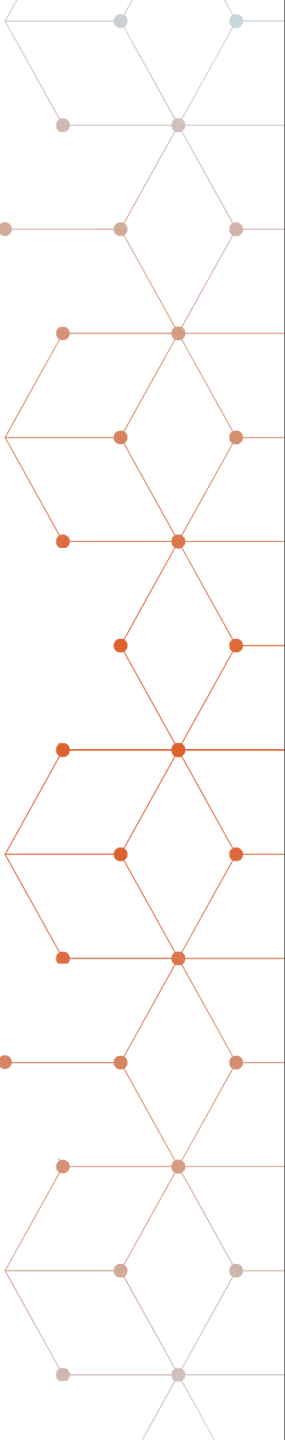
- Lynnda Parker at PHN can help organize clinics. [Lynnda.Parker@maine.gov](mailto:Lynnda.Parker@maine.gov)
- SBHCs are giving vaccines at school!

# Communication with Schools

- The HIPAA Privacy Rule
  - Allows covered health care providers to disclose PHI about students to school nurses, physicians, or other health care providers for treatment purposes, without the authorization of the student or student's parent.
- Who and How Long is Exemption?
  - Consider a 'back door' connection with your local providers offices to facilitate conversations
  - Consider check and re-checking exemption lists
- Vaccination needs
  - Use those backdoor connections to communicate with providers
- Consider joining Maine AAP School Health Committee!
  - [emily.belanger@maineaap.org](mailto:emily.belanger@maineaap.org)



**Thank you!**





- Maine DOE Medical Exemption Form for Children with IEP
  - <https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/Immunization%20Exemption%20IEP%20%281%29.pdf>
- MeAAP/MMA/MOA Medical Exemption Form
  - <https://www.maineaap.org/assets/docs/Maine-AAP-School-Med-Exempt-Form-v3-20210511.pdf>
- Medical Contraindications and Precautions
  - <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>
- Refusal To Vaccinate Form provided by the AAP as documentation of counseling.
  - [https://www.aap.org/en-us/documents/immunization\\_refusaltovaccinate.pdf](https://www.aap.org/en-us/documents/immunization_refusaltovaccinate.pdf)
- Pharmacies providing COVID
  - <https://www.maine.gov/covid19/vaccines/vaccination-sites>
- Refugee Health
  - <https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/immunizations.html>
- HIPPA Privacy Rule
  - <https://www.hhs.gov/hipaa/for-professionals/faq/517/does-hipaa-allow-a-health-care-provider-to-disclose-information-to-a-school-nurse/index.html>
- Nosodes
  - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4443832/>
- TDAP Help!
  - <https://www.cdc.gov/vaccines/schedules/downloads/child/job-aids/tdap-1.pdf>

