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It's State Law - Children Attending Child Care Must Be on Schedule

Please be aware and consider mentioning to parents that **vaccine schedules that delay doses beyond the recommended ages are not acceptable for children attending child care in Oklahoma.** Children attending child care centers or homes in Oklahoma are required to be up-to-date for their age for the required vaccines. The vaccines required for child care are: DTaP, PCV (pneumococcal conjugate vaccine), HepB, Hib, polio, MMR, varicella, and HepA. The required vaccines must be given according to the [Recommended Immunization Schedules for Persons Aged 0 through 18 Years, United States](#). There is flexibility in the schedule, but children must receive the vaccines no later than the maximum recommended age. For example, the 1st dose of MMR vaccine is recommended at 12 to 15 months of age and is 'Past Due' at 16 months of age.

The following chart shows when doses are due and past due for children attending child care facilities.

| Due at: | Dose Number | Past Due at: |
|----------------------------------------|---------------------------------------------|------------------------------------|
| Birth - 1 mo. | HepB #1 | 3 mos. |
| 2 mos. | DTaP #1, Hib #1, IPV #1 + PCV#1 | 3 mos. |
| 4 mos. | HepB #2, DTaP#2, Hib #2 IPV #2 + PCV #2 | 5 mos. |
| 6 mos. | DTaP #3 + PCV #3 | 7 mos. |
| 6 - 18 mos. | HepB #3 + IPV #3 | 19 mos. |
| 12 - 15 mos. | Hib #3 or #4, MMR #1, Varicella #1 + PCV #4 | 16 mos. |
| 12 - 18 mos. | DTaP #4 | 19 mos. |
| 12 - 23 mos. | HepA #1 | 24 mos. |
| 6 - 18 mos. after 1 st dose | HepA #2 | 19 mos. after 1 st dose |

Remember - Meningococcal B Vaccines Only for Children at Increased Risk

The number of children recommended to receive meningococcal B (MenB) vaccines in Oklahoma is relatively small. Trumenba® and Bexsero® are available through the Vaccines for Children (VFC) program only for children 10 through 18 years of age in the following groups:

- Children who have persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5-C9, properdin, factor H, or factor D or taking eculizumab [Soliris®]),
- Children who have anatomic or functional asplenia, including sickle cell disease, and
- Children identified to be at increased risk because of a meningococcal disease outbreak attributable to serogroup B.

MenB vaccines should be ordered sparingly as needed. VFC providers should not order MenB vaccines simply to have them in stock.

The Advisory Committee on Immunization Practices (ACIP) Recommendations "Use of Serogroup B Meningococcal Vaccines in Persons Aged ≥10 Years at Increased Risk for Serogroup B Meningococcal Disease" were published in the MMWR on June 12th and are available online at this web address: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6422a3.htm>.

There is no Vaccine Information Statement (VIS) for the MenB vaccines. Until a VIS is available providers may use the manufacturer's package insert, written FAQs, or any other document – or produce their own information materials – to inform patients about the benefits and risks of this vaccine. Once a VIS is available it should be used; but providers should not delay use of a vaccine because of the absence of a VIS. The law does not require that a vaccine be withheld if a VIS for it does not yet exist.

Congratulations Tulsa City-County Health Department Central Regional Health Center

Congratulations to Central Regional Health Center of Tulsa City-County Health Department for increasing the immunization rate of children 19 through 35 months of age from 58% in 2013 to 82% in June 2015 for the primary series of 4 DTaP, 3 polio, 1 MMR, 3 or 4 Hib, 3 HepB, 1 varicella and 4 PCV. The increased levels may be credited to:

(Continued on 2nd page)

- Clerks checking immunization records at every visit, requesting previous immunization records from parents, and recording all immunizations in the Oklahoma State Immunization Information System (OSIIS);
- Tulsa hospitals using OSIIS to record the birth dose of HepB vaccine and clinic staff asking for documentation of the birth dose of HepB vaccine if it is not in OSIIS;
- Nurses working to convince parents to let their children receive all shots that are needed at each visit and reminding parents when to come back; and
- Immunization recall letters sent out monthly using a list from the Client Vaccine Series Report in OSIIS.

As a result, Central Regional Health Center cut their rate of missed opportunities to vaccinate from 6% to 1%! The percentage of children up-to-date with the 4th DTaP increased from 66% to 82%, the percentage of children up-to-date with 4 doses of PCV increased from 78% to 94% and rates for the 1st MMR increased from 89% to 96%!

New Pink Book Webinar Series Provides Comprehensive Training for Vaccine Providers

This webinar series will provide an overview of the principles of vaccination, general recommendations, immunization strategies for providers to increase immunization levels, and specific information about vaccine-preventable diseases and the vaccines that prevent them. This is a live, 15 week, online series intended for vaccine providers such as physicians, nurses, nurse practitioners, pharmacists, physician assistants, Department of Defense paraprofessionals, medical students, medical assistants, and state and local immunization programs, etc. Each webinar in the series (15 in total) will last approximately 1 hour and cover the topics listed in the schedule which follows.

Participants can view one or more or all webinars. Continuing education credit will be available for each event.

Participation in an event in this series requires advance registration. Registrants will receive event access information via email. Virtual 'seats' are available for the first 500 logins at the start of the event — be sure to call in at least a few minutes early. Occasionally, there may be more people trying to login, than seats available.

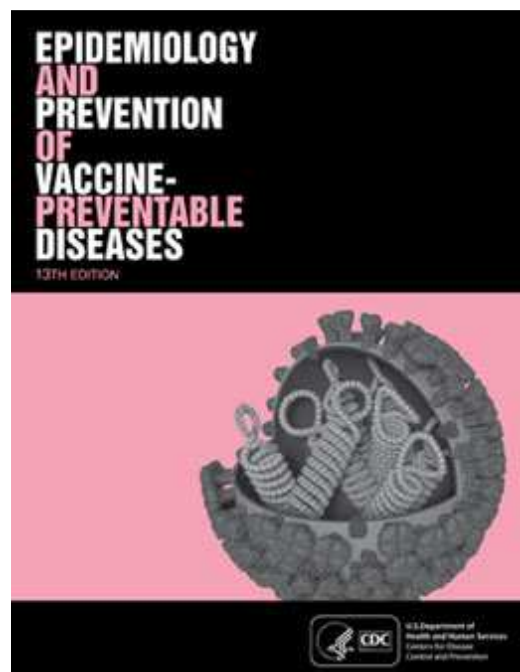
Note: The archived versions are available within 2 weeks after each event. To register visit this webpage:

<http://www.cdc.gov/vaccines/ed/webinar-epv/index.html>

Schedule - Starting July 8th

All events begin at 1pm Central Daylight Savings Time

| Date | Content |
|---------|------------------------------------------------------|
| July 8 | Principles of Vaccination |
| July 15 | General Recommendations — Part 1 |
| July 22 | General Recommendations — Part 2, and Vaccine Safety |
| July 29 | Vaccine Storage & Handling and Administration |
| Aug 5 | Immunization Strategies |
| Aug 12 | Rotavirus and HepA |
| Aug 19 | DTaP /Tdap |
| Aug 26 | Pneumococcal |
| Sept 2 | Polio and Hib |
| Sept 9 | Meningococcal |
| Sept 16 | Measles, Mumps, Rubella |
| Sept 23 | Influenza |
| Sept 30 | HPV |
| Oct 7 | Hepatitis B |
| Oct 14 | Varicella and Zoster |



[Medical Assistants Resources and Training on Immunization](#) releases newsletter that focuses on HPV vaccination. Access the newsletter here: [Human Papillomavirus Vaccine MARTi Newsletter](#)