

# Required Child Care & School Immunization Changes effective July 1, 2009



**Did you know?** Alaska statute does NOT allow any spacing “grace period”.

<b>Required immunization changes</b>	<ul style="list-style-type: none"> <li><b>Varicella</b> All children in kindergarten through 6<sup>th</sup> grade must have medically-verified documentation of: <ul style="list-style-type: none"> <li>▲ two valid varicella immunizations <i>or</i></li> <li>▲ medical exemption/history of disease on official form – see below or on back</li> </ul> </li> <li><b>Tdap</b> The Td booster is replaced with Tdap, due within 10 years of the last Td containing vaccination, usually at age 14 - 16.</li> </ul>										
<b>Required documentation changes</b>	<ul style="list-style-type: none"> <li><b>New state-required medical exemption / history of disease form</b> <ul style="list-style-type: none"> <li>▲ Available at the Alaska Immunization website <a href="http://www.epi.alaska.gov/immunize">www.epi.alaska.gov/immunize</a> or</li> <li>▲ See the reverse side of this VAC-FACT.</li> <li>▲ Official form must be used for all required immunizations – not only varicella.</li> <li>▲ Official form must be signed by an Alaska-licensed MD, DO, ANP, or PA.</li> </ul> </li> <li><b>Parental statement of disease history no longer accepted</b> Statement of medical exemption / history of disease signed by Alaska-licensed MD, DO, ANP, or PA &amp; dated prior to July 1, 2009 is acceptable.</li> <li><b>Lab results no longer required for evidence of immunity</b> - use new official form</li> </ul>										
<b>Varicella disease</b>	<p>Varicella is a contagious disease that usually occurs in childhood. Although many people think that it is not a serious illness, varicella can lead to severe skin infections, scarring, pneumonia, brain damage and death. Serious disease complications are much more likely to occur in infants less than one year of age, too young to be vaccinated, and in unvaccinated children and adolescents/adults who are older than twelve.*</p>										
<b>Varicella vaccine information</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">State-supplied vaccine</th> <th style="width: 15%;">Route</th> <th style="width: 15%;">Dosage</th> <th colspan="2" style="width: 45%;">Indication</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Varivax® (Merck)</td> <td style="text-align: center;">subcutaneous</td> <td style="text-align: center;">0.5 ml</td> <td style="text-align: center;">12 mo – 12 yrs min spacing 3 mos</td> <td style="text-align: center;">13 yrs &amp; up min spacing 1 mo</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>History of varicella disease is not a contraindication for varicella vaccination *</li> <li>The risk of zoster following vaccination appears to be less than that following infection with wild virus.*</li> </ul> <p>A single varicella vaccination is estimated to be only 80 percent–85 percent effective. Approximately one-third of vaccinated-but-unprotected children will experience moderate disease if they get chickenpox. A second varicella vaccination greatly reduces the risk of disease among these unprotected children and has been shown to be 100 percent effective against development of severe disease.*</p> <p><small>* Centers for Disease Control and Prevention. <i>Epidemiology and Prevention of Vaccine-Preventable Diseases</i>. Atkinson W, Hamborsky J, McIntyre L, Wolfe S, eds. 10th ed. 2nd printing, Washington DC: 2008.</small></p>	State-supplied vaccine	Route	Dosage	Indication		Varivax® (Merck)	subcutaneous	0.5 ml	12 mo – 12 yrs min spacing 3 mos	13 yrs & up min spacing 1 mo
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**For more information:** See the *2009-2010 School Year Alaska Child Care & School Immunization Requirement Changes* document at <http://www.epi.hss.state.ak.us/id/iz/factsheet/IZReqChanges2009.pdf> or

Call the **Alaska Immunization Helpline** at **888-430-4321** or **269-8088 in Anchorage**

**Vaccinate Alaska Coalition (VAC)** seeks to protect the health of all Alaskans by decreasing vaccine-preventable disease through positive immunization promotion campaigns, support of local immunization coalitions, and increased private and public provider participation in immunization activities. [www.vaccinate.alaska.gov](http://www.vaccinate.alaska.gov)

**ALASKA IMMUNIZATION REQUIREMENTS  
MEDICAL EXEMPTION & DISEASE HISTORY FORM**

Alaska Immunization Regulations 7 AAC 57.550, 4 AAC 60.100 and 4 AAC 06.055 require that all children in Alaska public/private schools, certified preschools, and licensed child care facilities be immunized, unless he/she is exempt due to medical contraindications, disease history, or religious reasons.

If a MEDICAL exemption is requested, complete the required information below and return this form to the school, preschool, or child care facility.

\_\_\_\_\_  
*Name of Child*

\_\_\_\_\_  
*Date of Birth*

**The following section must be completed by an Alaska-licensed Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Nurse Practitioner (ANP), or Physician Assistant (PA).**

**MEDICAL EXEMPTION**

In my professional opinion, the following immunizations would be injurious to the health of the above named child or members of the child's family or household.

**Check "all vaccines" or appropriate single antigen(s)**

All vaccines

Diphtheria

Tetanus

Pertussis

Measles

Mumps

Rubella

Polio

Hepatitis A

Hepatitis B

Varicella

Hib

**DISEASE HISTORY**

**Check appropriate antigen(s) – immunity due to history of disease**

Diphtheria

Tetanus

Varicella

Measles

Mumps

Rubella

Polio

Hepatitis A

Hepatitis B

**For Pertussis & Hib – History of disease does not infer immunity. Vaccination is recommended.**

\_\_\_\_\_  
NAME [Please Print] of MD, DO, ANP or PA

Check one: MD DO ANP PA

\_\_\_\_\_  
SIGNATURE of MD, DO, ANP or PA

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic Name

\_\_\_\_\_  
Phone Number