# State of Wyoming School Immunization Assessment 2012-2013 School Year

**Directions:** Please complete one assessment for each school that you work with. If needed, please use the comments section to communicate any special circumstances. Please read through the entire document before completing the assessment. **Assessment Due Date: 03/29/2013** via e-mail to Diana L. Martin, RN, MS, BSW, CPHQ, Clinical Quality & Compliance Specialist at: Diana.Martin@wyo.gov For questions, please call Diana at (307) 789-2665.

## **SECTION A. DEMOGRAPHIC INFORMATION** Comments (if needed) **Assessment Question** Instructions **Response from School** 1. Date Report Completed Enter the date the report was finalized. Enter the person's name who completed the 2. Name of Person Completing Report report and can respond to questions regarding the data if necessary. Enter the e-mail address of the person who 3. E-Mail Address of Person Completing Report completed the report. Enter the professional credentials of the person completing the report. If a non-nurse 4. What are the credentials of the person completing completes this assessment, CDC requires an the report? additional validation assessment to be completed. 5. School Name Enter the name of the school. Enter the name of the school district where 6. School District your school is located. 7. Phone Number Enter the school's telephone number. 8. Fax Number Enter the school's fax number. 9. What elements are assessed to determine Up-To-Date (UTD) vaccination status? Please list all that Enter all elements that are reviewed when apply: assessing UTD. If UTD status is not assessed, • # of Doses please enter, 'We do not calculate UTD Age status'. • Time Interval We Do Not Calculate UTD Status 10. Please list all sources used when calculating Up-To-Date (UTD) status from the following options: Enter all that apply regarding which systems WylR (Wyoming Immunization Registry) are used to calculate UTD status. • School Electronic System Manual Review

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11. Does this school have a Kindergarten? (Enter Yes or No) If YES, please complete section B. If NO, please DO NOT complete Section B.	If there is a Kindergarten in this school, complete Section B (blue colored sections). If there is not a Kindergarten in the school, please <b>DO NOT</b> complete Section B questions.						
12. Does this school have a 7th Grade? (Enter Yes or No) If YES, please complete Section C. If NO, please DO NOT complete Section C.	If there is a 7th grade in the school, complete Section C (green colored questions). If there is not a 7th Grade in your school, please <b>DO</b> <b>NOT</b> complete Section C questions.						

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## **SECTION B. KINDERGARTEN DATA ONLY**

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	Assessment Question	Instructions	Response from School	Comments (if needed)
- 1		Enter current enrollment numbers as of January 1, 2013.		

Use this Section to Complete Questions #14, #15, #16 & #17

## Minimum Immunization Requirements for the State of Wyoming:

- <u>Polio:</u> Received three (3) or four (4) valid doses (Footnote: Children who receive three (3) doses of IPV before the fourth (4th) birthday should receive a fourth (4th) dose before or at school entry. The fourth (4th) dose is not needed if the third (3rd) dose is given on or after the fourth (4th) birthday. If all four (4) doses are given after six (6) weeks of age and are all separated by at least four (4) weeks, a fifth (5th) dose is not needed, even if the fourth (4th) dose was administered before four (4) years of age.)
- <u>Diphtheria:</u> Received five (5) valid doses. (Footnote: If a fourth (4th) dose of DTaP vaccine was administered on or after a child's fourth (4th) birthday, and at least six (6) months has passed since the third (3rd) dose, a fifth (5th) dose is not required.)
- <u>Tetanus:</u> Received five (5) valid doses. (Footnote: If a fourth (4th) dose of DTaP vaccine was administered on or after a child's fourth (4th) birthday, and at least six (6) months has passed since the third (3rd) dose, a fifth (5th) dose is not required.)
- <u>Pertussis:</u> Received five (5) valid doses. (Footnote: If a fourth (4th) dose of DTaP vaccine was administered on or after a child's fourth (4th) birthday, and at least six (6) months has passed since the third (3rd) dose, a fifth (5th) dose is not required.)
- MMR: Received two (2) valid doses.
- Hepatitis B: Received three (3) valid doses.
- Varicella: Received two (2) valid doses (Note: Include those who have had history of disease as compliant).

### NOTE: • COMPLIANT: Students who received the vaccine; have an exemption on file but still received the vaccine; had serologic testing; or have evidence of immunity. NOT COMPLIANT: Students who do not have a vaccine record; did not receive the vaccine and have not submitted an exemption; or those "in-process" of completing a vaccine series (i.e. does not have all doses required, however, they are not YET eliqible to COMMENTS receive the next dose, due to minimum interval and/or age requirements. In previous Diphtheria assessments, students in-process were counted as 'compliant', which is different this year). Hepatitis h. Influenza d. Pertussis Varicella **Tetanus** EXEMPT: Students who have a religious or medical exemption approved by the State or MMR Polio County Health Officer. Antigen = Vaccine Dose 14. How many students are compliant with STATE requirements for each antigen? (The total to question #14, #15 #16 & #17 must equal the number in question #13) N/A

# State of Wyoming School Immunization Assessment 2012-2013 School Year 15. How many students are NOT compliant with STATE requirements for each antigen? (The total to question #14, #15, #16 & #17 must equal the number in question #13) 16. How many students have a Religious Exemption for each antigen? 17. How many students have a Medical Exemption for religious reasons. Enter how many students have an exemption for medical reasons. Enter how many students have an exemption for medical reasons.

Use this Section to Complete Questions #18, #19 & #20 (For most situations most of this data will probably be the same as questions #14 & #15)

<u>ACIP Immunization Recommendations</u> - The Advisory Committee on Immunization Practices (ACIP) is a group of medical and public health experts that develops recommendations on how to use vaccines to control diseases in the United States by creating the Immunization Schedule:

- Polio: Received three (3) valid doses.
- <u>Diphtheria</u>: Received four (4) valid doses.
- Tetanus: Received four (4) valid doses.
- Pertussis: Received four (4) valid doses.
- MMR: Received two (2) valid doses.
- Hepatitis B: Received the three (3) valid doses.
- Varicella: Received two (2) valid doses (Include those who have had history of disease).
- <u>Influenza:</u> Received one(1) valid dose of the 2012-2013 Influenza Season.

20. How many students have either a medical and/or religious exemption?

## NOTE: COMPLIANT: Students who received the vaccine; have an exemption on file but still received the vaccine; had serologic testing; or have evidence of immunity. NOT COMPLIANT: Students who do not have a vaccine record; did not receive the vaccine and have not submitted an exemption; or those "in-process" of completing a vaccine series (i.e. does not have all doses required, however, they are not YET eligible to COMMENTS receive the next dose, due to minimum interval and/or age requirements. In previous Hepatitis B Diphtheria \*Influenza assessments, students in-process were counted as 'compliant', which is different this year). d. Pertussis f. Varicella Tetanus EXEMPT: Students who have a religious or medical exemption approved by the State or MMR Polio County Health Officer. • Antigen = Vaccine Dose 18. How many students are compliant with ACIP requirements for each antigen? 19. How many students are **NOT** compliant with **ACIP** requirements for each antigen?

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SECTION C. 7TH GRADE DATA ONLY					
	Assessment Question	Instructions	Response from School	Comments (if needed)	
	21. How many students are enrolled in 7th Grade (i.e.	Enter current enrollment numbers as of			

Use this Section to Complete Questions #22 #23, #24 & #25:

## Minimum Immunization Requirements for the State of Wyoming:

- Hepatitis B: Received three (3) valid doses.
- MMR: Received two (2) valid doses.

Total Enrollment)?

• Varicella: Received two (2) valid doses (Note: Include those who have had history of disease).

January 1, 2013.

- Tdap: Received one (1) valid booster dose.
- \* Meningococcal (MCV-4): Received one (1) valid dose NOT STATE REQUIRED BUT IS RECOMMENDED BY ACIP, please complete if data is available, otherwise, please list N/A.
- \* Human Papillomavirus (HPV): Received three (3) valid doses NOT STATE REQUIRED BUT IS RECOMMENDED BY ACIP, please complete if data is available, otherwise, please list N/A.
- \* Influenza: Received one (1) influenza vaccine for the 2012-2013 Influenza Season NOT STATE REQUIRED BUT IS RECOMMENDED BY ACIP, please complete if data is available, otherwise, please list N/A.

## NOTE:

rec • an (i.e do stu •	COMPLIANT: Students who received the vaccine; have an exemption on file but still ceived the vaccine; had serologic testing; or have evidence of immunity.  NOT COMPLIANT: Students who do not have a vaccine record; did not receive the vaccine ad have not submitted an exemption; or those "in-process" of completing a vaccine series e. does not have all doses required, however, they are not YET eligible to receive the next use, due to minimum interval and/or age requirements. In previous assessments, udents in-process were counted as 'compliant', which is different this year).  EXEMPT: Students who have a religious or medical exemption approved by the State or bunty Health Officer.	COMMENTS	Hepatitis B	AR	aricella	de	Meningococcal (MCV-4)	ıman Papillomavirus (HPV	ıfluenza
	Antigen = Vaccine Dose		а. Не	b. MMR	c. Var	d. Tdap	e. *M	f. *Hu	g. *II
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22	Antigen = Vaccine Dose					-	*	f. *Hu	g. *II
• <i>p</i> 22 an #2	Antigen = Vaccine Dose  . How many students with vaccination records are compliant with requirements for each stigen? (The total to question #22, #23, #24 & #25 must equal the number in question #1)					-	*	f. *Hu	9. *1
22 an #2	Antigen = Vaccine Dose  The How many students with vaccination records are compliant with requirements for each stigen? (The total to question #22, #23, #24 & #25 must equal the number in question #1)  The How many students with vaccination records are NOT compliant with requirements for					-	*	f. *Hı	. 6 . *
22 an #2	Antigen = Vaccine Dose  . How many students with vaccination records are compliant with requirements for each stigen? (The total to question #22, #23, #24 & #25 must equal the number in question #1)					-	*	f. *Hı	9.*

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16. How many students have a <b>Religious Exemption</b> for each antigen?	Enter how many students have an exemption for religious reasons.							
17. How many students have a <b>Medical Exemption</b> for each antigen?	Enter how many students have an exemption for medical reasons.							
End of Assessment.								
Please save the file and attach to an e-mail and send to: Diana.Martin@wyo.gov								
Thank-you!								