A purple border surrounds the central white area, decorated with handprints in white, red, and yellow. The handprints are arranged in a circular pattern around the perimeter.

North Dakota School Immunization Guide



NORTH DAKOTA
DEPARTMENT *of* HEALTH

Updated 02/2014

TABLE OF CONTENTS

Cover Letter.....	1
<u>Information</u>	
Vaccine Abbreviation List.....	2
The North Dakota Immunization Information System.....	4
<u>School Immunization Survey</u>	
Timeline for survey.....	5
School Immunization Survey.....	6
<u>Letters and Materials to Determine Compliance</u>	
FAQ Letter for Tdap and Meningococcal Vaccines.....	7
Letter about Tdap and Meningococcal Vaccines.....	9
Algorithm for Exclusion.....	10
Non-Compliance Letter.....	11
Notice of Exclusion Letter.....	12
Certificate of Immunization.....	13
<u>Additional Information</u>	
Directory of Local Public Health Units.....	14
Laws Requiring Immunization of Students.....	16
Rules Requiring Immunization of Students.....	17



School Administrators and Nurses:

The following packet contains information and materials regarding the North Dakota school immunization requirements. This document is intended to make the immunization compliance process easier by providing templates and detailed information concerning immunization requirements, school immunization laws, and criteria for exclusion.

Additionally, information regarding the yearly school immunization survey is included. The school immunization survey is required by North Dakota state law and allows the health department to assess the vaccination and exemption rates of school-aged children. The school immunization survey is due mid-November every year.

This packet also includes information about the North Dakota Immunization Information System (NDIIS), a list of vaccine abbreviations, and Meningococcal and Tdap vaccination FAQs for parents. Please take a moment to review the packet and evaluate its contents and let us know if you have any questions.

Thank you,

Amy Schwartz
Immunization Surveillance Coordinator
amschwartz@nd.gov

Relevant Vaccines Abbreviation List

DPT

Replaced by use of DTP. See *DTP* for description.

DT

Diphtheria and tetanus toxoids, pediatric formulation

DTaP

Diphtheria and tetanus toxoids and acellular pertussis vaccine, pediatric formulation

DTP

Diphtheria and tetanus toxoids and whole-cell pertussis vaccine, pediatric formulation

HAV

Hepatitis A Virus

HBV

Hepatitis B Virus

HepA

Hepatitis A Vaccine

HepB

Hepatitis B Vaccine

Hib

Haemophilus influenzae type b

HPV

Human Papillomavirus

HPV2

Human Papillomavirus vaccine, bivalent (Cervarix®)

HPV4

Human Papillomavirus vaccine, quadrivalent (Gardasil®)

IIV3

Trivalent Inactivated Influenza Vaccine

IIV4

Quadrivalent Inactivated Influenza Vaccine

IPV

Inactivated Poliovirus Vaccine

LAIV4

Quadrivalent Live, Attenuated Influenza Vaccine (Nasal Spray)

MCV4

Meningococcal Conjugate Vaccine (Quadravalent)

MMR

Measles, Mumps & Rubella Vaccine

MMRV

Measles, Mumps, Rubella & Varicella Vaccine

MPSV4

Meningococcal Polysaccharide Vaccine (Quadravalent)

OPV

Oral Polio Vaccine

Td

Tetanus & diphtheria Vaccine, adult/adolescent formulation

Tdap

Tetanus, diphtheria & acellular pertussis vaccine, adult/adolescent formulation

TIV

Trivalent (Inactivated) Influenza Vaccine

TT

Tetanus Toxoid

VAR

Chickenpox Vaccine

VZV

Varicella Zoster Virus (causes chickenpox and shingles)

Introduction to NDIIS

Brief Overview

The North Dakota Immunization Information System (NDIIS) is a confidential, population-based, computerized information system that attempts to collect vaccination data about all North Dakotans. The NDIIS is an important tool to increase and sustain high vaccination coverage by consolidating vaccination records of children from multiple providers and providing official vaccination forms. Children are entered into the NDIIS at birth through a linkage with electronic birth records. An NDIIS vaccination record also can be initiated by a health-care provider at the time of the child's first immunization. The NDIIS has the capability of collecting vaccination data on adults as well as children. Schools have the option of having read-only access to NDIIS. This means that schools can access the immunization records of their students, but they cannot enter information into the system. If your institution would like to gain access to NDIIS, contact a member of the Immunization Program at 701.328.3386 or toll-free at 800.472.2180. For more information about NDIIS, please visit our website at www.ndhealth.gov/Immunize.

NDIIS Forecaster

NDIIS contains a tool that allows users to determine whether or not a child is up to date on immunizations. Schools can use this tool to determine if the child meets the school immunization requirements. The vaccine forecaster will generate a list of vaccines the child is due for or will be due for in the future.

Vaccination Forecast

Vaccine Type	Dose Number	Recommended Date	Minimum Valid Date
IPV	2	12/18/2012	12/18/2012
DTaP	2	12/18/2012	12/18/2012
Hep B	2	12/18/2012	12/14/2012
MMR	2	01/11/2013	01/11/2013
Varicella	2	03/14/2013	03/14/2013
Hep A	2	05/20/2013	05/20/2013
Influenza	1	08/01/2013	08/01/2013
Td	1	01/01/2015	01/01/2015
MCV4	1	01/01/2019	01/01/2019
HPV	1	01/01/2019	01/01/2019

School Immunization Survey Timeline and Due Dates

Event	Date	Useful Materials
Schools notify parents of the school immunization requirements for the next school year.	Spring of previous school Year and Summer	<ul style="list-style-type: none"> • School Immunization Requirements
School Year Begins	August	
Students not up to date with school immunization requirements should be given a letter detailing required vaccinations.	First day of School	<ul style="list-style-type: none"> • Non-compliance letter
Students who have not received required immunizations or are not in the process of receiving them must be given an exclusion letter and be excluded from school.	30 days after the start of school	<ul style="list-style-type: none"> • Algorithm for Exclusion • Notice of Exclusion
School Immunization Survey is distributed to all schools in North Dakota. If you do not receive any information about the survey, contact your administrator or the Immunization Program.	First week of October	<ul style="list-style-type: none"> • School Survey Materials
The School Immunization Survey is due to the North Dakota Department of Health. Survey should have been submitted online.	Mid-November	<ul style="list-style-type: none"> • Instructions for school survey
The Centers for Disease Control and Prevention (CDC) will choose a sample of schools who must participate in the validation study. Because the annual School Immunization Survey is self-reported by schools, NDDoH is required to validate the immunization rates by reviewing a sample of records from select schools. If the self-reported results do not fall within confidence intervals for the validation results, NDDoH must report the validated results as our statewide immunization rates. NDDoH will be contacting the chosen schools for copies of their kindergarten immunization records.	January	
Results of the study will be reported to CDC	April	
Schools will be able to see results of survey on the school survey website.	May	www.ndhealth.gov/immunize/rates/

School Information

Name of the School	Select School <input type="text"/>	Public or Private School	Public <input type="text"/>
Grade at School Entry	Kindergarten <input type="text"/>	Grade at Middle School Entry	Sixth <input type="text"/>
Institution Authority	<input type="text"/>	Institution Authority Phone Number	<input type="text"/>
Person Submitting Report	<input type="text"/>	Person Submitting Phone Number	<input type="text"/>
Revised Report	<input type="text"/>	Email Address	<input type="text"/>

General Questions

Does your school currently have access to the North Dakota Immunization Information System(NDIIS)?	<input type="text"/>
If yes, does your school pull immunization records from NDIIS for student records?	<input type="text"/>
Who determines which students are up-to-date with their immunizations?	<input type="text"/> If other please specify <input type="text"/>
Does your school exclude students who are not up-to-date with their immunizations or do not have a signed exemption within 30 days of the beginning of the school year?	<input type="text"/> If other please specify <input type="text"/>

Student Enrollment Information

Grade	Kind	GR. 1	GR. 2	GR. 3	GR. 4	GR. 5	GR. 6	GR. 7	GR. 8	GR. 9	GR. 10	GR. 11	GR. 12
Enrolled:	<input type="text"/>												

Exemption and Missing Record Information

Grade	Kind	GR. 1	GR. 2	GR. 3	GR. 4	GR. 5	GR. 6	GR. 7	GR. 8	GR. 9	GR. 10	GR. 11	GR. 12
Students with no immunization record:	<input type="text"/>												
Students claiming medical exemption:	<input type="text"/>												
Students claiming religious exemption:	<input type="text"/>												
Students claiming philosophical exemption:	<input type="text"/>												
Students claiming moral exemption:	<input type="text"/>												
Students claiming history of disease exemption:	<input type="text"/>												

Vaccination Status of Students

Grade	Kind	GR. 1	GR. 2	GR. 3	GR. 4	GR. 5	GR. 6	GR. 7	GR. 8	GR. 9	GR. 10	GR. 11	GR. 12
Fully immunized with Polio vaccine (IPV or OPV):	<input type="text"/>												
Fully immunized with DTP/DTaP/DT vaccine:	<input type="text"/>												
Fully immunized with MMR vaccine:	<input type="text"/>												
Fully immunized with Hepatitis B vaccine:	<input type="text"/>												
Fully immunized with Varicella (Chickenpox) vaccine: (2 doses required)	<input type="text"/>												
Fully immunized with TD/Tdap:	<input type="text"/>												
Fully immunized with Meningococcal vaccine:	<input type="text"/>												

Submit Survey

Dear Parent or Guardian,

Tdap and Meningococcal vaccines are required upon entry into the seventh grade. Tdap is a vaccine that protects against tetanus, diphtheria and pertussis or whooping cough.

Meningococcal vaccine (MCV4) protects against four common strains of meningococcal disease. Adolescents are recommended and required to receive both of these vaccines. To ensure compliance with school vaccination requirements, it is essential that your child receives these vaccinations before entering the seventh grade. You must provide proof of immunization or claim an exemption.

1. What grades are affected and what vaccines are required?

Both Tdap and the meningococcal vaccine are required for entry into the seventh grade.

2. How many vaccinations are required?

Only one dose of Tdap vaccine and one dose of meningococcal vaccine are required; however, a second dose of meningococcal vaccine is recommended at age 16-18 years. In addition, your child may need additional vaccines to meet school requirements, such as the chickenpox (varicella) vaccine if he/she has not yet been vaccinated or had chickenpox.

3. Are there any exceptions?

If your child has already been vaccinated with one dose of Tdap and Meningococcal vaccine, they do not need to receive another dose in order to be compliant. Proof of vaccination should be submitted to your child's school. Vaccination with Td will not satisfy the Tdap requirement.

4. Is prior illness with pertussis/whooping cough an exception to the Tdap requirement?

No, anyone who has had pertussis should still be vaccinated. The length of immunity is unknown following illness. Additionally, it is sometimes difficult to confirm a pertussis diagnosis.

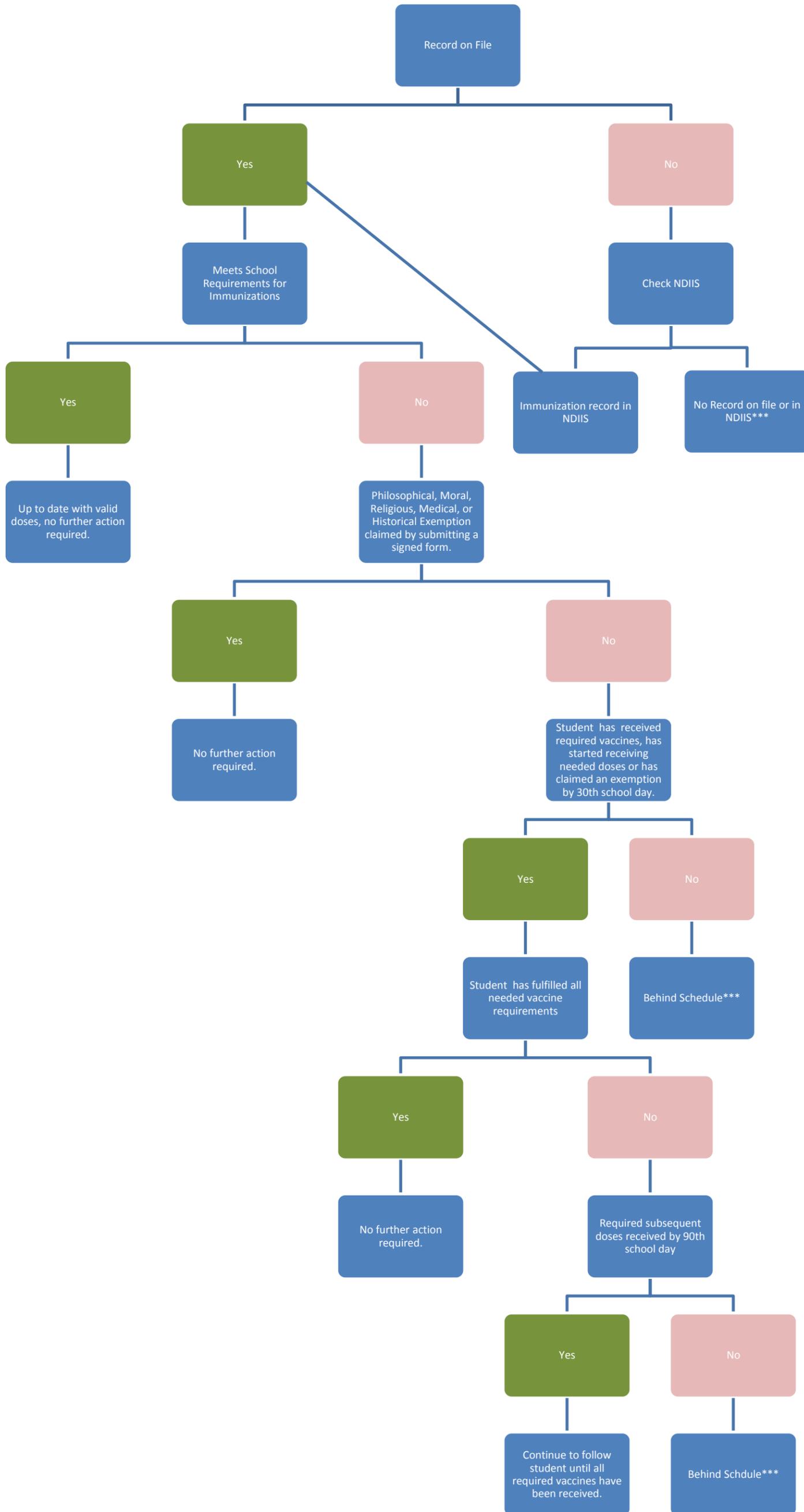
5. Are Tdap and meningococcal vaccines readily available?

Yes, most doctor's offices, pharmacies and local public health units have a supply of Tdap and meningococcal vaccines.

6. Why are these vaccines required?

Pertussis and meningococcal disease are both very serious illnesses that can be prevented by vaccination. Pertussis is still very common in North Dakota and the United States. Although most children have been vaccinated with DTaP before entering kindergarten; immunity lessens after a few years. Tdap vaccination provides renewed protection against the disease. Meningococcal disease, although significantly less common than pertussis, has a high fatality rate. Incidence is higher among adolescents and teenagers, necessitating the vaccination requirement.

Algorithm for Students not Fully Immunized with Required Vaccines



*** Exclude child from school

To the Parent, Guardian or Legal Custodian of _____ in Grade____:

Section 23-07-17.1 section of North Dakota State Law entitled **Inoculation Required before Admission to School** mandates that all students through grade 12 meet a minimum number of required immunizations prior to school entrance. These requirements can be waived only for medical, philosophical, moral or religious reasons. Our records show that your child is not compliant with the requirements. Non-compliance may be due to absence of immunization record or because your child is in need of an immunization. The reason for your child’s non-compliance is noted below. In order to meet the requirements, please complete the form attached or submit an official certificate of immunization. If vaccinations are added or if you are claiming a medical exemption, the form must be signed by a medical professional. If you are claiming a moral, philosophical or religious exemption, the form must be signed by a parent or guardian. Failure to comply with requirements may result in exclusion of your child from school.

Reason for noncompliance:

The school does not have a copy of your child’s immunization record.

Your child needs the following checked vaccines:

<u>DTaP</u>	<u>Polio</u>	<u>MMR</u>	<u>Hepatitis B</u>	<u>Varicella¹</u>	<u>Tdap</u>	<u>Meningococcal</u>
1 st dose	1 st dose	1 st dose	1 st dose	1 st dose	1 st dose	1 st dose
2 nd dose	2 nd dose	2 nd dose	2 nd dose	2 nd dose		
3 rd dose	3 rd dose		3 rd dose			
4 th dose	4 th dose					
5 th dose						

¹ If your child has had chickenpox disease, please enter the date of illness on the attached form in the history of disease section.

Thank you so much for your cooperation.

Date

NOTICE OF EXCLUSION

Dear Parent or Guardian:

Your child has failed to meet the school immunization requirements as mandated by state law. As a result, your child will be excluded from school starting on _____. To re-enter school your child must meet one of the following requirements:

- 1) Provide proof of required immunizations by completing the attached form and providing the signature of a medical professional. If you are claiming history of disease of chickenpox, date of illness must be indicated in the history of disease portion of the attached form.

- 2) Claim an exemption and complete the attached form indicating the exemption. Exemptions that may be claimed include philosophical, moral, religious or medical. If claiming a medical exemption, the form must be signed by a medical professional.

Your cooperation is much appreciated.

Date



CERTIFICATE OF IMMUNIZATION
 NORTH DAKOTA DEPARTMENT OF HEALTH
 SFN 16038 (Revised 05-2012)

Division of Disease Control
 2635 East Main Ave. PO Box 5520
 Bismarck, ND 58506-5520
 800.472.2180 or 701.328.3386

North Dakota law requires this form be completed* and provided to the childcare facility or school.

Child's Name (Last, First, Middle Initial):			Date of Birth:				
Parent's Name:			Telephone Number:				
Vaccine Type		Exemption Check type below [€]	Enter Month/Day/Year for Each Immunization Given				
Hepatitis B	Hepatitis B	<input type="checkbox"/>					
Rotavirus	Rotavirus	<input type="checkbox"/>					
Hib	<i>Haemophilus influenzae</i> type B	<input type="checkbox"/>					
PCV	Pneumococcal conjugate	<input type="checkbox"/>					
DTP/DTaP/DT	Diphtheria-Tetanus-Pertussis	<input type="checkbox"/>					
OPV/IPV	Polio	<input type="checkbox"/>					
MMR	Measles-Mumps-Rubella	<input type="checkbox"/>					
Varicella	Chickenpox	<input type="checkbox"/>			History of Disease Date:		
Hepatitis A	Hepatitis A	<input type="checkbox"/>					
Td/Tdap	Tetanus-Diphtheria (and Pertussis)	<input type="checkbox"/>					
MCV4	Meningococcal	<input type="checkbox"/>					
HPV	Human Papillomavirus	<input type="checkbox"/>					
Other		<input type="checkbox"/>					

To the best of my knowledge, this person has received the above-indicated immunizations on the above dates.

Physician, Nurse, Local/State Health	Title	Date
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If additional doses are added after initial signature, please initial dose and sign below.

Update signature #1:		
Physician, Nurse, Local/State Health:	Title:	Date:
Update signature #2:		
Physician, Nurse, Local/State Health:	Title:	Date:

My child has not met the minimum requirements for his/her age. I agree to resume immunizations within 30 days from the date I was notified (today's date noted below) that my child's immunizations are incomplete and to submit a signed Certificate of Immunization.

Parent/Guardian Signature: _____ Date: _____

Statement of Exemption to Immunization Law

In the event of an outbreak, exempted persons may be subject to exclusion from school or childcare facility.

Medical Exemption: The physical condition of the above-named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

Physician Signature:	Date:
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[€]**Exemption:** (Indicate vaccine above)

(Please check one) Religious Philosophical Moral History of Disease

Parent/Guardian Signature	Date
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North Dakota Local Public Health Units/IHS Clinics

Department Name	Address	P.O. Box	City	Zip Code	Phone Number
McIntosh District Health Unit	511 3rd Ave. NW		Ashley	58413	701.288.3957
Southwestern District Health Unit- Billings/Golden Valley Counties	First Street SE	P.O. Box 185	Beach	58621	701.872.4533
Turtle Mountain Chippewa Quentin Burdick Health Care Facility		P.O. Box 160	Belcourt	58316	701.477.8469
Bismarck-Burleigh Public Health	500 East Front Avenue	P.O. Box 5503	Bismarck	58506-5503	701.355.1540
First District Health Unit- Bottineau County	314 5th Street W. Ste. 7		Bottineau	58318	701.228.3101
First District Health Unit- Burke County	103 Main Street SE	PO BOX 326	Bowbells	58721	701.377.2316
Southwestern District Health Unit- Bowman/Slope Counties	104 First St. NW, Suite 6		Bowman	58623	701.523.3144
Towner County Public Health District	404 5th Ave., Suite #3	PO Box 705	Cando	58324-0705	701.968.4353
Foster County Public Health	881 Main Street		Carrington	58421	701.352.3087
Custer Health- Grant County	106 2nd Avenue NE	P.O. Box 164	Carson	58529	701.622.3591
Pembina County Health Department	301 Dakota Street W., #2		Cavalier	58220-4100	701.265.4248
Custer Health- Oliver County	111 East Main	P.O. Box 375	Center	58530	701.794.3105
Upper Missouri District Health Unit- Divide County	300 Main Street N.	P.O. Box 69	Crosby	58730	701.965.6813
Lake Region District Health Unit- Ramsey County	524 4th Avenue NE, Unit 9		Devils Lake	58301	701.662.7035
Southwestern District Health Unit- Stark County	2869 3rd Avenue West		Dickinson	58601	701.483.0171
Dickey County Health District	205 15th St. North	P.O. Box 238	Ellendale	58436	701.349.3277
Fargo Cass Public Health	401 3rd Avenue North		Fargo	58102-4839	701.241.1383
Wells County District Health Unit	600 N. Railway Street,	P.O. Box 6	Fessenden	58438	701.547.3756
Steele County Public Health Department	201 Washington Avenue w.	P.O. Box 317	Finley, ND	58230	701.524.2060
Sargent County District Health Unit	316 Main St.	P.O. Box 237	Forman	58032-0237	701.724.3725
Spirit Lake Tribal Health Program	P.O. Box 480	816 3rd Ave N	Fort Totten	58335	701.766.1706
First District Health Unit- McLean County	141 N. Main	P.O. Box 972	Garrison	58540	701.463.2641
Walsh County Health District	638 Cooper Avenue, Suite 3		Grafton	58237	701.352.5139
Grand Forks Public Health Department	151 S. 4th Street, Ste. N301		Grand Forks	58201-4735	701.787.8100
Southwestern District Health Unit- Adams County	609 2nd Avenue	P.O. Box 227	Hettinger	58639	701.567.2720
Trail District Health Unit	114 W. Caledonia,	P.O. Box 58	Hillsboro	58045	701.636.4434
Central Valley Health District- Stutsman County	122 2nd Street NW	P.O. Box 880	Jamestown	58401/58402	701.252.8130
First District Health Unit- Ward County	11 W. Division, Suite 102	P.O. Box 836	Kenmare	58746	701.385.4328
Southwestern District Health Unit- Dunn County	125 Central Avenue North	P.O. Box 111	Killdeer	58640	701.764.5513

North Dakota Local Public Health Units/IHS Clinics

LaMoure County Public Health Department	100 1st Ave. SW Omega City Plaza	P.O. Box 692	LaMoure	58458	701.883.5356
Cavalier County Health District	901 3rd Street Suite 11		Langdon	58249	701.256.2402
Emmons County Public Health	118 E Spruce Ave	P.O. Box 636	Linton	58552-0636	701.254.4057
Ransom County Public Health Department	404 Forest Street	P.O. Box 89	Lisbon	58054	701.683.6140
Lake Region District Health Unit- Benson County	809 Railway Avenue	PO Box 416	Maddock	58348	701.438.2340
Custer Health- Morton County	210 2nd Avenue NW		Mandan	58554	701.667.3370
Custer Health- Sioux County	210 2nd Avenue NW		Mandan	58554	888.667.3370
First District Health Unit- Sheridan County	215 E. 2nd Avenue	P.O. Box 405	McClusky	58463	701.363.2506
Nelson/Griggs District Health Unit	116 Main Street	P.O. Box 365	McVille	58254	701.322.5624
First District Health Unit- Ward County	801 11th Avenue SW	P.O. Box 1268	Minot	58702-1268	701.852.1376
First District Health Unit- Renville County	205 Main St. E.	P.O. Box 68	Mohall	58761	701.756.6383
Southwestern District Health Unit- Hettinger County	309 Millionaire Avenue		Mott	58646	701.824.3215
Central Valley Health District- Logan County	301 Broadway		Napoleon	58561	701.252.8130
Lake Region District Health Unit- Eddy County	24 8th Street North		New Rockford	58356	701.947.5311
Three Affiliated Tribes	404 Frontage Road		New Town	58763	701.627.4642
Three Affiliated Tribes- Elbowoods	1058 College Drive		New Town	58763	701.627.4750
Rolette County Public Health District	211 1st Ave NE	PO Box 726	Rolla	58367-0726	701.477.5646
Lake Region District Health Unit- Pierce County	240 SE 2nd Street		Rugby	58368	701.776.6783
Upper Missouri District Health Unit- Mountrail County	Memorial Building	P.O. Box 925	Stanley	58784	701.628.2951
Custer Health- Mercer County	1021 Arthur Street	P.O. Box 39	Stanton	58571	701.745.3599
Kidder County District Health Unit	422 2nd Avenue NW		Steele	58482	701.475.2582
First District Health Unit- McHenry County	112 Main Street South	PO Box 517	Towner	58788	701.537.5732
Trenton Community Clinic		P.O. Box 210	Trenton	58853	701.774.0461
City-County Health District	230 4th Street NW, Room 102		Valley City	58072-2947	701.845.8518
City-County Health Department	570 Chautauqua Boulevard		Valley City	58072	701.845.8518
Richland County Health Department	413 3rd Avenue North		Wahpeton	58075	701.642.7735
First District Health Unit- McLean County	703 2nd Ave.,	P.O. Box 6	Washburn	58577-0006	701.462.3375
Upper Missouri District Health Unit- McKenzie County	109 W. 5th Street	P.O. Box 1066	Watford City	58854	701.444.3449
Upper Missouri District Health Unit	110 West Broadway, Suite 101		Williston	58801	701.774.6400