

**WEST VIRGINIA  
SECRETARY OF STATE  
NATALIE E. TENNANT  
ADMINISTRATIVE LAW DIVISION**

Form #2

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2015 JAN -2 P 3:42

OFFICE WEST VIRGINIA  
SECRETARY OF STATE

**NOTICE OF A COMMENT PERIOD ON A PROPOSED RULE**

AGENCY: DIHR - BUREAU FOR PUBLIC HEALTH TITLE NUMBER: 64

RULE TYPE: INTERPRETIVE CITE AUTHORITY: WV Code §§5-16-9, 16-1-4, 16-1-6, 16-3-4 and 16-3-5

AMENDMENT TO AN EXISTING RULE: YES  NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 95

TITLE OF RULE BEING AMENDED: IMMUNIZATION REQUIREMENTS AND RECOMMENDATIONS FOR SCHOOL CHILDREN

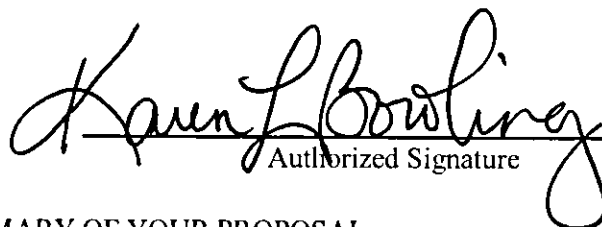
IF NO, SERIES NUMBER OF RULE BEING PROPOSED: \_\_\_\_\_

TITLE OF RULE BEING PROPOSED: \_\_\_\_\_

IN LIEU OF A PUBLIC HEARING, A COMMENT PERIOD HAS BEEN ESTABLISHED DURING WHICH ANY INTERESTED PERSON MAY SEND COMMENTS CONCERNING THESE PROPOSED RULES. THIS COMMENT PERIOD WILL END ON FEBRUARY 3, 2014 AT 12 NOON ONLY WRITTEN COMMENTS WILL BE ACCEPTED AND ARE TO BE MAILED TO THE FOLLOWING ADDRESS:

<del>Ann Goldberg, Director</del>	<del>Loretta Haddy, Director, OEPS</del>
<del>Public Health Regulations</del>	<del>State Epidemiologist</del>
<del>Bureau for Public Health</del>	<del>Bureau for Public Health</del>
<del>350 Capitol Street, Rm 702</del>	<del>350 Capitol St. Rm 125</del>
<del>Charleston, WV 25301</del>	<del>Charleston, WV 25301</del>
<del>ann.a.goldberg@wv.gov</del>	<del>loretta.c.haddy@wv.gov</del>
<del>(304) 558-2971 phone</del>	<del>(304) 558-5358 phone</del>
<del>(304) 558-1033 fax</del>	<del>(304) 558-1893 fax</del>

THE ISSUES TO BE HEARD SHALL BE LIMITED TO THIS PROPOSED RULE.

  
Authorized Signature

ATTACH A **BRIEF** SUMMARY OF YOUR PROPOSAL

TITLE 64

FILED

INTERPRETIVE RULE  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR PUBLIC HEALTH

2015 JAN -2 P 3 42

SERIES 95

OFFICE WEST VIRGINIA  
SECRETARY OF STATE

IMMUNIZATION REQUIREMENTS AND  
RECOMMENDATIONS FOR NEW SCHOOL ENTERERS CHILDREN

§64-95-1. General.

1.1. Scope. -- This rule establishes immunization requirements for ~~enrollment as a new school enterer in an~~ pre-school, elementary, middle ~~or~~ and high school in West Virginia. Additionally, the rule includes recommendations for immunizations to promote public health.

1.2. Authority. -- WV Code §§5-16-9, 16-1-4, 16-1-6, 16-3-4 and 16-3-5.

1.3. Filing Date. -- ~~February 10, 2011~~ January, 2014.

1.4. Effective Date. -- ~~March 12, 2011~~.

1.5. Applicability - This rule applies to all ~~new school enterers~~ children in elementary, middle and high school ~~and to students transferring into a West Virginia school from out of state. This rule supersedes the legislative rule, Immunization Criteria for Transfer Students, 64CSR58.~~

1.6. Purpose - The purpose of this rule is to clearly define the requirements and recommendations for immunizations for ~~new school enterers~~ all students.

1.7. Standards - The standards of medical practice used in this rule incorporate the most current recommendations issued by the U.S. Department of Health and Human Services, Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP) and the Centers for Disease Control and Prevention (CDC).

§64-95-2. Definitions.

2.1. Bureau - means the Bureau for Public Health in the Department of Health and Human Resources.

2.2. Child or Children - means any person between the ages of birth and eighteen years or up to twenty-one years of age when that ~~child~~ person is attending school.

2.3. Commissioner - means the Commissioner of the Bureau for Public Health ~~as that term is defined in WV Code §16-1-2~~; or his or her designee.

2.4. Contraindication - means a medical condition which renders an immunization improper for a particular individual. Contraindications for each vaccine are found in statements written and published by the Advisory Committee on Immunization Practices (ACIP) as Recommendations of the Immunization Practices Advisory Committee and in Vaccine Information Statements (VIS) from the Centers for Disease Control and Prevention (CDC). The recommendations of the ACIP and VIS regarding contraindications can be found at www.cdc.gov.

2.5. Delinquent - means lacking age appropriate immunization(s) which are required to have been completed prior to school entry.

2.6. Local Health Officer - means the individual physician, with a current West Virginia license to practice medicine, who supervises and directs the medical activities of a local health department and is appointed by the local board of health with approval from the Commissioner.

2.7. Medical exemption - means an exemption from any of the requirements for compulsory immunization due to a contraindication or precaution to any or all of the vaccines required by law and this rule.

~~2.8. New School Enterer—means any child entering a school building housing kindergarten through twelfth grade students to attend classes or programs or to participate in extracurricular activities taking place in the school building and includes children entering for pre-school programs as well as all students in grades kindergarten through twelfth grade and students who transfer into a West Virginia school from another state.~~

~~2.9.~~ 2.8. Precaution - means a condition defined under the current standards of immunization practice that might increase the chance or severity of an adverse vaccine reaction or compromise the ability of the vaccine to produce immunity.

~~2.10.~~ 2.9. State Health Officer - means the person appointed to serve as Commissioner and State Health Officer of the Bureau who is a licensed physician authorized to practice medicine in accordance with WV Code §16-1-5.

2.10. Student – means any child who enters into a school building housing kindergarten through twelfth grade to attend classes or programs or to participate in extracurricular activities taking place in a school building, on school grounds or at a place where the school conducts extracurricular activities and includes children entering for preschool programs as well as children in grades kindergarten through twelfth grade and children who transfer into a West Virginia School from another state or who transfer from being home schooled or from a private or alternative school.

### **§64-95-3. Recommended Immunization Schedules.**

The recommended immunization schedule for childhood immunization is the schedule jointly approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule is issued annually and can be found at [www.cdc.gov](http://www.cdc.gov) by searching under “Immunization Schedules”. Recommended schedules for children birth to age 6 as well as for children age 7 through 18 may be found at this website.

### **§64-95-4. Immunizations Required for School Entry and Specifics of Each Immunization Requirement.**

4.1. All ~~new-school-enterers~~ students attending a West Virginia school for the first time shall show proof of immunization against the following diseases, before being admitted:

4.1.a. DIPHTHERIA;

4.1.b. HEPATITIS B;

4.1.c. MUMPS;

4.1.d. PERTUSSIS (whooping cough);

4.1.e. POLIOMYELITIS (polio);

4.1.f. RUBELLA;

4.1.g. RUBEOLA (measles);

4.1.h. TETANUS; ~~and~~

4.1.i. VARICELLA (chickenpox) and

4.1.j. MENINGOCOCCAL (meningitis).

4.2. Dosage and interval schedule for DIPHtherIA, PERTUSSIS and TETANUS vaccines are as follows:

4.2.a. Before being admitted to school, each child shall show proof that he or she has received a minimum of four doses of DIPHtherIA, TETANUS, acellular PERTUSSIS (DTaP) vaccine, with the last fourth dose having been received on or after the child's fourth birthday and prior to school entry; and

4.2.b. The interval between the third and fourth ~~or final~~ dose shall be at least six (6) months; and

~~4.2.c. Children seven years of age and older may receive tetanus, diphtheria (Td) vaccine in lieu of DTaP vaccine. A single dose of Tdap vaccine should be considered in the series if age appropriate. A fifth dose of DTaP between the ages of 4 and 6 is only necessary if the fourth dose was given either before the child's fourth birthday or if the interval between the third and fourth doses was less than six months.~~

~~4.2.d. Children between the ages of 11 and 12 shall have one dose of Tdap. Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid containing vaccine (Td). This includes children/students transferring into school or newly joining school who have never had the DTaP or Tdap prior. Inadvertent doses of Tdap given between the ages of 7 and 10 will not count as the 11-12 year old dose except as provided in subdivision 4.2.f. below. Occurrence of prior disease may be used as evidence of immunity for pertussis in accordance with subsection 6.4 of this rule.~~

~~4.2.e. Students who become pregnant may receive one dose of Tdap during each pregnancy (preferred during 27-36 weeks gestation) regardless of the number of years since prior Tdap or Td vaccination.~~

~~4.2.f. Students aged 7 – 10 years who are not fully immunized with the childhood DTaP vaccine series shall receive the Tdap vaccine as the first dose in the catch-up series and if additional doses are needed, these students should receive on the Td vaccine. These children, once they receive the Tdap vaccine, are specifically excluded from the requirements of subdivision 4.2.d.~~

4.3. Dosage and interval schedule for HEPATITIS B vaccine is as follows:

4.3.a. Children Students entering school shall show proof that they have received at least three doses of HEPATITIS B vaccine with at least one dose having been given on or after six months of age. The first and second dose shall be at least four (4) weeks apart. The second and third doses should be

separated by at least ~~two months~~ eight (8) weeks. Additionally, the third dose should be at least sixteen (16) weeks after the first dose.

4.3.b. Unvaccinated students shall complete a three (3) dose series. However, a two (2) dose series (with doses separated by a minimum of four (4) months) using the adult formulation Recombivax HB which is licensed for children aged 11 -15 years and is an acceptable alternative to the three dose requirement.

4.3.c. Occurrence of prior disease may be used as evidence of immunity in accordance with subsection 6.4. of this rule.

4.3.d. Students may attend school and participate in extracurricular activities after they have received the first of the series of Hepatitis B vaccinations. The series shall be completed within seven (7) months of the date of entry or the student will be excluded from school and all extracurricular activities until the student completes the Hepatitis B series. It is the responsibility of the student and their parents or legal guardians to ensure the timely completion of the Hepatitis B series and submit the acceptable proof to the school authorities.

4.4. Dosage and interval schedule for RUBEOLA (Measles) vaccine is as follows:

4.4.a. Children entering school shall show proof that they have received two doses of RUBEOLA (MEASLES) vaccine, the first dose on or after the first birthday and the second dose no less than ~~one month~~ four (4) weeks after the first dose. Alternatively, immunity may be proven through laboratory testing. Occurrence of prior disease may be used as evidence of immunity in accordance with subsection 6.4. of this rule.

4.4.b. Occurrence of prior disease may be used as evidence of immunity in accordance with subsection 6.4. of this rule.

4.5. Dosage and interval schedule for MUMPS vaccine is as follows:

4.5.a. Children entering school shall show proof that they have received at least two doses of MUMPS vaccine, the first dose on or after the first birthday and the second dose no less than ~~one month~~ four (4) weeks after the first dose. Alternately, immunity may be shown through laboratory testing. Occurrence of prior disease may be used as evidence of immunity in accordance with subsection 6.4. of this rule.

4.5.b. Occurrence of prior disease may be used as evidence of immunity in accordance with subsection 6.4. of this rule.

4.6. Dosage and interval schedule for the POLIO (IPV) vaccine is as follows:

4.6.a. Four doses of trivalent inactivated polio vaccine (IPV) are recommended for routine immunization of all children with the fourth dose given on or after the child's fourth birthday and at least a six (6) month interval from the third dose. Before being admitted to school, each child shall show proof that he or she has received a minimum of three doses of ~~trivalent polio vaccine (PV)~~ IPV with the last dose ~~having been received given~~ on or after the child's fourth birthday and prior to school entry at least six months after the second dose. Although less desirable, immunity may be shown through laboratory testing showing immunity to all 3 poliovirus strains included in the vaccine. The impact on duration of immunity given an incomplete series but positive titers is not known.

4.6.b. Children who have not received the recommended doses of IPV should receive a minimum

of three doses, with four (4) weeks between dose one and two, and six (6) months between doses 2 and 3. Additionally, dose three shall be received on or after the child's fourth birthday.

4.6.c. Students may attend school and participate in extracurricular activities after they have received the first of the series of IPV vaccinations. The series shall be completed within seven (7) months of the date of entry or the student will be removed from school and all extracurricular activities until the IPV series is complete. It is the responsibility of the student and their parents or legal guardians to ensure the timely completion of the IPV series and submit the acceptable proof to the school authorities.

4.6.d. The IPV is the only available Polio vaccine in the United States in 2013. An oral, live attenuated version of the Polio Vaccine (OPV) is available in other parts of the world. Children who have lived outside the United States may have received the OPV. The dosage schedule is the same. Children who have had three or more doses of OPV or a combination of OPV and IPV, the last dose of which was given on or after the child's fourth birthday with at least a six (6) month separation between the second and third dose are in compliance with this rule. Otherwise, subdivision 4.6.b. applies but doses of OPV may be substituted in the record for IPV.

4.7. Dosage and interval schedule for the RUBELLA vaccine is as follows:

4.7.a. Children entering school shall show proof that they have received at least two doses of RUBELLA vaccine, the first dose on or after the first birthday and the second dose no less than one month after the first dose. Alternately, immunity may be proven through laboratory testing.

4.7.b. Occurrence of prior disease may be used as evidence of immunity in accordance with subsection 6.4. of this rule.

4.8. Dosage and interval schedule for the VARICELLA (Chickenpox) vaccine is as follows:

4.8.a. Children four (4) to twelve (12) years old entering school shall show proof that they have received two doses of VARICELLA (Chickenpox) vaccine, the first dose on or after the first birthday and the second dose no less than three month after the first.

4.8.b. Children 13 years and older without proof of immunity should receive two doses of the Varicella vaccine with at least 4 weeks between shots.

4.8.c. Students who have only received one dose of the Varicella vaccine are required to obtain a second dose. For children from 4 to 12 years old the second dose shall be given at least 28 days after the first dose.

4.8.d. Alternately, immunity may be shown through the written or verbal statement of a parent or legal guardian attesting to the fact of their child's history of chickenpox accompanied by laboratory testing showing immunity. A third alternative is to show immunity through laboratory testing.

4.8.e. Students may attend school and participate in extracurricular activities after they have received the first of the series of Varicella vaccinations. The series shall be completed within three (3) months of the date of entry for children 4 to 12 years old and within one (1) month for children 13 or older, or the student shall be removed from school and all extracurricular activities until such time as the Varicella series is complete or laboratory evidence of immunity is supplied. It is the responsibility of the student and their parents or legal guardian to ensure the timely completion of the Varicella series or laboratory testing and submit acceptable proof to the school authorities.

4.9. Dosage and interval schedule for the Meningococcal (MCV4) vaccine is as follows:

4.9.a. Students at age 11 or 12 shall show proof of Meningococcal vaccination prior to entry into the 7<sup>th</sup> grade. These students will require a booster shot at age 16 or older, and will need to show proof of the MCV4 booster prior to entry into the 12<sup>th</sup> grade.

4.9.b. Students who are newly entering the school system at age 13 – 15 and have not been previously vaccinated with MCV4 shall show proof of MCV4 vaccination and shall also show proof of a booster shot on or after age 16 and prior to entry into the 12<sup>th</sup> grade.

4.9.c. Students who are newly entering the school system at age 16 or older and have not been previously vaccinated with MVC4 shall show proof of a MCV4 vaccination and will not be required to show proof of a booster prior to entry into the 12<sup>th</sup> grade.

#### 4.10. Pre-School Students.

4.10.a. For preschool children entering a school housing other children in grades kindergarten through twelfth, the above immunization requirements hold to the extent that they are age appropriate in accordance with the immunization schedules referenced in section 3 of this rule.

#### **§64-95-5. Compliance with the Law.**

5.1. A child shall be considered to be in compliance with the law requiring compulsory immunizations of school children prior to school entry when that child has a complete certificate of immunization, or similar medical record of immunizations.

5.2. If a child has been determined to be medically exempt from receiving one or more vaccinations, in accordance with the provisions of section nine of this rule, the certificate of immunization shall note specifically which vaccine the child is exempt from, the reason for the exemption, and whether or not the reason for the exemption is permanent or temporary. If the exemption is temporary, a notation shall be made as to the future date at which the exemption should be re-evaluated it shall be re-evaluated annually unless a longer period of time is indicated by the child's treating physician. A temporary exemption shall have a maximum period of 24 months before re-evaluation.

5.3. A student who does not have a completed certificate of immunization or other similar medical record of immunizations shall show proof that he or she has received at least one dose of each of the required vaccines in order to be provisionally enrolled in school.

5.4. Provisional enrollment may continue for the time medically necessary to complete the missing vaccinations. At no time should the provisional enrollment period exceed 8 months from school entry, the time medically necessary to complete all required childhood vaccine series under the standard catch up schedule. After attending school for the provisional enrollment time period, all provisionally enrolled students shall show proof to the school that they have completed all of the required immunizations or laboratory evidence of immunity.

5.5. Children who are delinquent for any required vaccinations, or who have exceeded the provisional enrollment period, will be considered to be out of compliance with the law and ~~may be~~ are required to stop attending school until the appropriate vaccine(s) or laboratory evidence ~~are~~ is received and the records are amended.

#### **§64-95-6. Proof of Immunity.**

6.1. Proof that a child has received the immunizations required by law and this rule, in the correct number and spacing of doses, shall be recorded on a completed document, such as a certificate of

immunization, for all ~~new school enterers~~ students.

6.2. A Certificate of Immunization form has been developed by the West Virginia Department of Health and Human Resources, Bureau for Public Health, Immunization Program. This form is available to appropriate health care providers electronically through participation in the West Virginia Statewide Immunization Information System (WVSIIS) <http://www.wvdhhr.org/immunizations/wvsiis1.asp>. The form is also available from:

ATTN: WVSIIS  
Bureau for Public Health  
Immunization Program  
350 Capitol Street, Room 125  
Charleston, WV 25301

6.3. The documentary evidence of immunizations shall contain the day, month and year of each vaccine received by the child or sufficient information of the time interval between doses to enable verification that the minimum intervals required or suggested by this rule have been observed.

6.4. Proof of prior measles, mumps, rubella, varicella ~~pertussis~~ or hepatitis B disease being used in lieu of vaccination requires a document signed by a physician indicating, at a minimum, the name of the patient, the date of the illness and ~~any obtained laboratory evidence of the diagnosis~~ laboratory evidence of immunity in the form of titers for measles, mumps and rubella and a Hepatitis B panel for Hepatitis B. If the historical disease diagnosis is in question, current laboratory evidence of immunity may be required.

~~6.5. The verbal or written statement of the parent or legal guardian of a child shall suffice to prove that a child has had chickenpox and is considered to be proof of immunity.~~

**§64-95-7. Commissioner's Authority to Change Immunization Requirements for New School Enterers Children.**

The Commissioner may, by Order filed with the Secretary of State, modify, add or delete vaccines to be required for ~~new school enterers~~ children. The Commissioner's Orders ~~shall be made after consultation with the State Health Officer and~~ shall be consistent with the immunization schedules referenced in section 3 of this rule. The Commissioner's Orders shall not exceed those recommendations.

**~~§64-95-8. Vaccine Requirements for adolescents.~~**

~~8.1. From and after the effective date of this rule, all children entering middle school or high school are strongly encouraged to get the two vaccines listed in subsections 8.3. and 8.4. of this section prior to the fall term in 2011.~~

~~8.2. From and after June 1, 2012, and prior to the beginning of the school year 2012—2013, the following vaccines shall be required for children attending middle and high schools in West Virginia. These vaccines shall be given in accordance with ACIP guidance, as set forth in subdivisions and 8.4.b. below. Proof of vaccination shall be presented upon entry to the 7<sup>th</sup> and 12<sup>th</sup> grades, as indicated.~~

**8.3. Tdap VACCINE**

~~8.3.a. Diphtheria and tetanus boosters are typically recommended throughout one's lifetime. Pertussis is a disease that has been increasing in West Virginia and the United States. Protection from the pertussis component of the primary DTaP series wanes over time. While pertussis disease is less severe~~

~~in older children and young adults, they can readily pass the disease to younger children at high risk of severe disease or death from pertussis. The Tdap vaccine offers an opportunity to boost immunity to not only diphtheria and tetanus, but also to pertussis.~~

~~8.3.b. ACIP guidance for Tdap vaccine is to administer one dose to children age 11-12 years who have completed the recommended childhood DTP/DTaP vaccine series and have not already received a tetanus and diphtheria (Td) booster dose. Proof of Tdap vaccination shall be presented upon entry to the 7<sup>th</sup> grade.~~

~~8.3.c. All adolescents age 13-18, who missed the 11-12 year old Tdap/Td dose and who have completed the primary DTP/DTaP series, shall be required to receive a dose of Tdap vaccine prior to high school entry.~~

#### ~~8.4. MENINGOCOCCAL VACCINE~~

~~8.4.a. Meningitis caused by *Neisseria meningitides*, termed meningococcal meningitis, is one of the leading causes of bacterial meningitis in the U.S. While children less than 1 year of age are at highest risk of the disease, adolescents are at increased risk compared to the general population. College students housed in dormitories or other settings where adolescents and young adults are housed in close quarters, like summer camps, academic and sports programs involving overnight stays or other group housing events and activities, also are at higher risk. Ten to fourteen percent of those contracting meningococcal meningitis die. Meningococcal disease can also result in significant disability. While the vast majority of cases are sporadic, localized outbreaks of this disease do occur. Given disease severity and the challenges of managing this disease in the institutional or school setting, vaccination of all school children is now required.~~

~~8.4.b. Meningococcal Vaccination shall be required in accordance with ACIP guidance. Current ACIP guidance is for routine vaccination of persons with quadrivalent meningococcal conjugate vaccine at age 11 or 12 years, with a booster dose at age 16 years. After a booster dose of meningococcal conjugate vaccine, antibody titers are higher than after the first dose and are expected to protect adolescents through the period of increased risk through age 21 years. For adolescents who receive their first dose at age 13 through 15 years, a one-time booster dose shall be administered, preferably at age 16 through 18 years. Proof of MCV vaccination shall be presented upon entry to the 7<sup>th</sup> grade. Proof of an age appropriate booster dose of MCV shall be presented upon entry to the 12<sup>th</sup> grade.~~

#### ~~§64-95-9~~ 64-95-8. Vaccine Recommendations for all school children.

The following vaccines are recommended for all children attending West Virginia schools:

##### ~~9.1.~~ 8.1. INFLUENZA VACCINE.

~~9.1.a.~~ 8.1.a. Any child aged six months or older should be vaccinated annually against influenza. Children from six to twenty-three months are at substantially increased risk for influenza-related hospitalizations and children ages twenty-four to fifty-nine months are at increased risk for influenza-related clinic and emergency room visits. Children and school personnel with certain medical conditions and school personnel who are older are at increased risks of influenza complications and death.

~~9.1.b.~~ 8.1.b. An annual flu vaccine is recommended in accordance with annually released ACIP recommendations.

##### ~~9.2.~~ 8.2. HUMAN PAPILLOMAVIRUS VACCINE - HPV Vaccine.

~~9.2.a.~~ 8.2.a. Approximately twenty million people in the United States are infected by genital

human papillomavirus (HPV) and about six million more become infected each year. HPV can cause cervical cancer in women. Every year in the United States about eleven thousand women get cervical cancer and almost four thousand die from it. It is the second leading cause of cancer deaths among women worldwide. HPV is also associated with several less common types of cancer in both men and women affecting more than an additional fourteen thousand people and causes genital warts and warts in the upper respiratory tract. More than fifty percent of sexually active men and women are infected with HPV at some time in their lives. The HPV4 vaccine protects against two types of HPV virus which are responsible for seventy percent of cervical cancer cases and the two types of HPV virus that cause ninety percent of genital warts cases. HPV2 vaccine protects against the same two types of HPV virus that cause seventy percent of cervical cancer cases. In females, HPV4 vaccine has been shown to reduce the risk of precancers and cancers of the cervix, vagina, and vulva, and reduces the risk of genital warts. HPV2 vaccine has been shown to reduce the risk of cervical precancers and cancers. HPV4 vaccine in males has been shown to reduce the risk of genital warts. Depending on vaccine coverage rates in females, male vaccination may also help reduce the spread of HPV to females and thereby reduce cervical and other HPV related cancers in women and girls.

Most human papillomavirus (HPV) infections are inapparent clinically. However, HPVs can cause benign though disfiguring epithelial proliferation of the skin and mucous membranes and are associated with several cancers. The HPV vaccines are the only available vaccine that protects against certain cancers. The American Academy of Pediatrics recommends that routine vaccination of females with the HPV2 or HPV4 starting at age 11 or 12, though the vaccine has been approved starting at age 9. The vaccine is a three dose series with a minimum of one month between doses one (1) and two (2) and dose three (3) given six months after dose one (1). The vaccine for females is approved from age 9 to 26. The vaccine is also recommended for males from age 13 to 26 with the same dosing schedule. HPV4 is the only HPV vaccine approved for males.

~~9.2.b. The best way to ensure disease prevention is to give the HPV vaccine prior to the individual becoming sexually active.~~

~~9.2.c. The HPV vaccine consists of a three dose series. Routine vaccination is recommended for girls with the first dose administered at age eleven to twelve. It is also recommended for girls ages 13-18 who have not previously been vaccinated. The HPV4 vaccine series may be given to males.~~

### 9.3. 8.3. OTHER VACCINATIONS.

8.3.a. Other vaccines recommended for various high risk populations in the school setting may be found on the immunization schedules jointly approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians at [www.cdc.gov](http://www.cdc.gov) by searching under "Immunization Schedules".

### **§64-95-10 §64-95-9. Medical Exemptions.**

~~10.1. 9.1. The provisions of this rule may not apply if a child has a valid medical contraindication or precaution to a particular vaccine. To obtain a medical exemption the child's parent or guardian shall present a written request for an exemption from a physician who has treated or examined the child to the local health officer in the county where the child attends school. The request shall be submitted using the "Request for Medical Exemption from Compulsory Immunization" form available through the WVSIS website for parents and their physicians to submit a request for a medical exemption from the physician's office. Additionally, forms may be found on the DHHR Medical Exemption Resource Center website: <http://www.dhhr.wv.gov/oeps/immunization/Pages/MedEx.aspx>.~~

~~40.2.~~ 9.2. The physician's request for exemption from immunization shall state specifically which vaccine or vaccines the child should be exempt from receiving, an explanation of the medical contraindication or precaution relied upon to make the request, and whether the reason for the exemption is permanent or temporary. If the medical exemption is temporary, the request shall also provide the future date or time when the exemption should be reevaluated. Requests for temporary medical exemptions shall not exceed twenty-four (24) months from the time of the requested medical exemption.

~~40.3.~~ 9.3. Requests for medical exemption from vaccine requirements shall be reviewed and approved or denied ~~initially~~ by the local health officer in the county where the requestor attends school.

9.4. The Local Health Officer shall respond with a determination on each request within twenty (20) days of receipt of a complete application for exemption. It is the responsibility of the parent or guardian seeking an exemption to cause to be delivered to the local health officer a complete application for exemption. The Local Health Officer shall make reasonable attempts to notify the parent or guardian about any deficiencies in the application but it remains the responsibility of the parent or guardian seeking an exemption to assure that the application is complete. If the request remains incomplete for forty-five (45) days, the request for an exemption shall be denied. Approval or denial of a request for a medical exemption shall be in writing and a copy of the response shall be sent to the State Health Officer and to the parents or guardian of the student. If the Local Health Officer does not respond to a properly completed application for an exemption within the twenty days, the parents or guardian seeking the exemption may appeal directly to the State Health Officer.

9.5. The Local Health Officers shall make their determination based upon most recent guidance from the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) with respect to medical contraindications or precautions for each vaccine.

~~40.4.~~ 9.6. Local Health Officers shall verify that immunization exemptions are entered into the West Virginia Statewide Immunization Information System -- WVSIIIS-- to enable support of individuals at increased risk of disease in an outbreak and to aid in disease control and surveillance.

~~40.5.~~ 9.7. The Local Health Officer's decision on a request for a medical exemption from immunization may be appealed to ~~reviewed by~~ the State Health Officer. The request for state level review ~~an appeal~~ and the State Health Officer's decision on such requests shall be in writing on the "Request for Appeal" of the Local Health Officer's Denial of a Medical Exemption form which can be found on the on the WVSIIIS website. Additionally, this form will be available on the DHHR Medical Exemption Resource Center website at: <http://www.dhhr.wv.gov/oeps/immunization/Pages/MedEx.aspx>.

9.8. The State Health Officer shall determine what information may be required to complete the review and provide a written decision on the appeal. The State Health Officer shall make the decision within thirty (30) days of receipt of the appeal letter and all other pertinent material or information needed to make the decision. The appellant shall be notified within fifteen (15) days of receipt of the Appeal form of the pertinent material or information that the State Health Officer needs to make a decision. At a minimum, the State Health Officer will need a copy of the original request for exemption, a statement from the appellant s to why the local health officer's decision should be overturned, a copy of all pertinent medical records and a statement from a treating physician, if relevant.

9.8.a. It is the parent or guardian's responsibility to ensure that the State Health Officer has all of the material or information requested. Failure of the parent or guardian to submit the required information or material within forty-five (45) days of the request from the State Health Officer shall result in a denial of the exemption. The State Health Officer's time of 30 days does not commence until he or she receives all of the requested information and materials. Reasonable attempts shall be made by the

State Health Officer to advise the parents or guardian seeking the exemption of any deficiencies in the record, but it is the parent or guardian's responsibility to make sure a complete record is available to the State Health Officer. The State Health Officer shall determine if it is in the best interest of the child and the other children and adults in the school for the student to attend school during the pendency of the appeal.

~~10.6.~~ 9.9. Appeal from the ruling of the State Health Officer may be made through the administrative review procedure described in section ten of this rule.

~~10.7.~~ 9.10. All requests for medical exemption from immunization shall be reviewed, and determinations made, based on current medical science and recommendations from the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

~~§64-95-11~~ **§64-95-10. Administrative Due Process.**

Any person adversely affected by the enforcement of this rule desiring a contested case hearing to determine any rights, duties, interests or privileges shall do so in the manner prescribed in the Bureau's procedural rule, Rules for Contested Case Hearings and Declaratory Rulings, 64CSR1.