

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

Form #5

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2011 FEB 10 PM 1:23

OFFICE OF THE
SECRETARY OF STATE

**NOTICE OF AGENCY ADOPTION OF A PROCEDURAL OR INTERPRETIVE RULE
OR A LEGISLATIVE RULE EXEMPT FROM LEGISLATIVE REVIEW**

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

CITE AUTHORITY: WV Code §§ 5-16-9, 16-1-4, 16-3-4 and 16-3-5.

RULE TYPE: PROCEDURAL _____ INTERPRETIVE X

EXEMPT LEGISLATIVE RULE _____

CITE STATUTE(S) GRANTING EXEMPTION FROM LEGISLATIVE REVIEW

AMENDMENT TO AN EXISTING RULE: YES X NO _____

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 95

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

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: _____

TITLE OF RULE BEING PROPOSED: _____

THE ABOVE RULE IS HEREBY ADOPTED AND FILED WITH THE SECRETARY OF STATE. THE
EFFECTIVE DATE OF THIS RULE IS MARCH 12 2011


Authorized Signature

FILED

TITLE 64

2011 FEB 10 PM 1:23

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

WEST VIRGINIA
SECRETARY OF STATE

SERIES 95

IMMUNIZATION REQUIREMENTS AND
RECOMMENDATIONS FOR NEW SCHOOL ENTERERS

§64-95-1. General.

1.1. Scope. -- This rule establishes immunization requirements for enrollment as a new school enterer in an elementary, middle or 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.

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

1.5. Applicability - This rule applies to all new school enterers 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.

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).

§64-95-2. Definitions.

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

2.2. Child - means any person between the ages of birth and eighteen years or up to twenty-one years of age when that child 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. 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. State Health Officer - means the person appointed to serve as State Health Officer who is a licensed physician authorized to practice medicine in accordance with WV Code §16-1-5.

§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 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 attending a West Virginia school for the first time shall show proof of immunization against the following diseases:

4.1.a. DIPHTHERIA;

4.1.b. HEPATITIS B;

4.1.c. MUMPS;

4.1.d. PERTUSSIS (whooping cough);

4.1.e. POLIOMYELITIS;

4.1.f. RUBELLA;

4.1.g. RUBEOLA (measles);

4.1.h. TETANUS; and

4.1.i. VARICELLA (chickenpox).

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 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 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.

4.2.d. Occurrence of prior disease may be used as evidence of immunity for pertussis in accordance with subsection 6.4 of this rule.

4.3. Children 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 second and third doses should be separated by at least two months. Occurrence of prior disease may be used as evidence of immunity in accordance with subsection 6.4. of this rule.

4.4. 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 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.

4.5. 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 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.

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

4.6.a. 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) with the last dose having been received on or after the child's fourth birthday and prior to school entry. 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.

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

4.8. Children 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. 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. A third alternative

is to show immunity through laboratory testing.

4.9. 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 reevaluated.

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.

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 required to stop attending school until the appropriate vaccine(s) are 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.

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, 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. 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.

The Commissioner may, by Order filed with the Secretary of State, modify, add or delete vaccines to be required for new school enterers. 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 8.3.b. and 8.4.b. below. Proof of vaccination shall be presented upon entry to the 7th and 12th 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 7th 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 7th grade. Proof of an age appropriate booster dose of MCV shall be presented upon entry to the 12th grade.

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

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

9.1. INFLUENZA VACCINE.

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

9.2. HUMAN PAPILLOMAVIRUS VACCINE - HPV Vaccine.

9.2.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.

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. 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 by searching under "Immunization Schedules".

§64-95-10. Medical Exemptions.

10.1. 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.

10.2. 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.

10.3. 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. Approval or denial of a request shall be in writing and a copy of the response shall be sent to the State Health Officer.

10.4. Local health officials 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.

10.5. The local health officer's decision on a request for a medical exemption from immunization may be reviewed by the State Health Officer. The request for state level review and the State Health Officer's decision on such requests shall be in writing.

10.6. 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. 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. 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.

Public Comments
on 64CSR95

From: Cfw43@aol.com [<mailto:Cfw43@aol.com>]

Sent: Monday, January 10, 2011 12:02 PM

To: rjking@access.k12.wv.us

Subject: Immunizations

CHARLES F WHITAKER, III MD
600 18TH STREET Suite 304
PARKERSBURG, WV 26101
1-304-424-4961
Fax 1-304-424-4861

IMMUNIZATION RULES FOR 7TH GRADE STUDENTS

I fully support this requirement but I also think that this may NOT be the time to do this or further elaboration may need to be included.

There is a Pertussis epidemic in this county at this time which includes 8-9-10 year old children. This a time before the regulations will require the booster Tdap. There is conversation some experts in the literature about whether or not the Tdap should be moved back to protect these children. If this becomes the recommendation and the Immunization, Tdap is given to a 9 yo, will this need repeated at age 11 or upon entry to 7th grade?

Current recommendations are for the use of Tdap at age 11 years, but if a child has a Td or dT in the ED for a laceration at age 10 years, current recommendations (As I understand them) are to give the Tdap 3 yrs later. How will this impact the regulations for Tdap at 7th grade. Both of the local Parkersburg Emergency Departments routinely give Tdap; however, not all ED visits for Wood County Students occur locally.

Sincerely,

Charles F. Whitaker, III MD

Comments re Proposed change to Immunization Requirements and
Recommendations

January 13, 2011

Berkeley County School Nurses wholly endorse the improved required adolescent immunization schedule. The fiscal note indicates this can be done at no increased costs. Costs **WILL** be incurred in the schools for staff record keeping and enforcement. This change comes from the BPH and assigns the school system to be the gatekeeper and enforcer. Collecting the info, entering it into the computer and following up on incompletes will be hugely time consuming and labor intensive. Each of our 3 high schools has more than 1600 students. Also bear in mind WV Code 18-5-22 does NOT provide or support school nursing services above 7th grade though counties provide it.

Most recent requests from parents for the records of recommended adolescent vaccine netted less than 5% return.

When students are not in compliance with the currently required immunizations they may be excluded from school. Unfortunately, there is concern that some high school students will regard this in a positive way.

Mary Jane Rinard RN

Berkeley County Schools

304-676-3146



HEALTHY
CHILDREN LEARN
BETTER

Boone County Schools
Department of School Health Services
69 Avenue B
Madison, WV 25130

Phone (304) 369-3131
Fax (304) 369-4165
(304) 369-0855

To: Ann Goldberg
Director of Public Health Regulations
WV Bureau of Public Health

From: Donna Sue Peros, RN, MS, CSN, NCSN *Donna Sue Peros*
Director of School Nurses
Boone County Schools
Pager: 304-450-3264

Date: January 5, 2011

Re: Comments on proposed immunization regulations: 64CSR96

Thank you for the opportunity to review the proposed immunization requirement changes expressed in the above public health regulation draft on adolescent and new school enterer requirements.

I am in full support of this change due to my experience in the public schools with immunization enforcement since 1987. Clearly, the majority of students only receive the immunizations that are 'required' for attendance. I appreciate your efforts in developing these new guidelines and requirements that reflect current trends in pediatric care and public health.

I appreciate your support in the daily work of all school nurses in West Virginia.
Thank you.

01/06/2010

Dear Ms. Goldberg,

I would like to comment on the amendments being made on Immunization Requirements and Recommendations for New School Enterers. I am a school counselor in Mercer County and believe that the recommendations should be **required** of all school children (not just new school enterers). I have 3 children and have always kept their immunizations up to date according to the CDC schedule (even those that are not required by the school system). I can tell you that from my experience that I am in the minority of parents when it comes to immunizing our children beyond age 5. Several other states make it mandatory to have these immunizations at age 5 and 12.

Thank you

Tammy Argyrakis

Donna Moore

To: Ann.A.Goldberg@wv.gov:Loretta.E.Haddy@wv.gov
Cc: dnfmoore@access.k12.wv.us; jvkirby@access.k12.wv.us
Subject: Proposed required vaccines

As a Coordinator of Health Services in a county with 11,000 plus students (23 schools, 24 off campus pre-schools) and only 9 school nurse positions I cannot support making the 2 currently recommended vaccines a requirement! First of all, we do not have the manpower to monitor this. Secondly, (after 20 years as a school nurse) I can tell you, parents will not have this done which means our truancy problems will be compounded significantly (if we happen to catch the deficiencies).

In addition, there is still too much public concern about the adverse effects of ALL the required immunizations we now mandate! Therefore I cannot support the proposed change in the immunization requirements.

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*From :
Harrison County Schools
Donna Moore
Special Services Department
Route 3, Box 43-B
Clarksburg, WV 26301*

Danita Nellhaus, RN
1738 Louden Heights Road
Charleston, WV 25314

January 19, 2011

Ann A. Goldberg
Bureau of Public Health
Director of Public Health Regulators
350 Capitol Street
Room 702
Charleston, WV 25301

Ms. Goldberg,

I am commenting on WVDHHR Immunization Interpretive Rule (64CSR95). I work as a school nurse in Kanawha County and have seen firsthand how the school system and health department functioned successfully during school flu clinics the past two years.

I feel the new requirements would be beneficial in identifying middle and high school age students lacking immunizations.

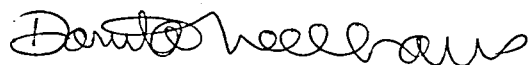
My concern involves how the immunizations or lack of would be identified. The task of requiring the school nurse to track down records, notify parents and follow up is overwhelming. For this to be successful I think funding should be provided for extra clerical and/or nursing help.

There is also the issue of consequences. It is difficult to place penalties on this age group if immunizations are not up to date. In the elementary school calls are made to parents and physicians to get the most up to date information. The principal of each school determines when the student is no longer able to attend until proper immunization updates are received. It is a lengthy sometimes unpleasant process. We certainly don't want a middle or high school student to be penalized and not be able to attend school.

I think one way to identify students would be during the annual sports physicals. Urgent Care Centers as well as CAMC's Sports Medicine facility offer the required screening either free or at a reduced cost. Perhaps immunizations could be checked and offered during that time. In that way, a large percent of the student population would be covered.

Perhaps there could be a phasing in of the requirements to allow for mass communication to take place and educate the public about the new standards.

Thank you for your time,





**West Virginia Immunization Network Resolution Endorsing
Interpretive Rule 64CSR95
Immunization Requirements and Recommendations for New School Enterers**

WHEREAS, The West Virginia Immunization Network (WIN) is a statewide coalition of more than 100 public and private sector members whose mission is to foster the implementation of comprehensive and sustainable statewide and community-based initiatives to protect West Virginia's residents from the adverse consequences of vaccine-preventable diseases throughout their lifespan, and

WHEREAS, Immunizations against vaccine preventable diseases have been recognized as among the top public health achievements of the 20th century, and

WHEREAS, Vaccines are responsible for the control of many infectious diseases that were once common among school students in West Virginia, including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, Hepatitis B, and varicella (Chickenpox), and

WHEREAS, The ability of childhood immunizations to protect against vaccine preventable diseases may wane over the years, and

WHEREAS, The Centers for Disease Control Advisory Committee on Immunization Practices, the American Academy of Pediatrics, the American Academy of Family Practice, and others continue to recommend adolescent immunizations including Tdap and Meningococcal vaccine as part of routine childhood immunization series, and

WHEREAS, Pertussis continues to occur in the US and WV and can be spread by adolescents and adults to infants and children in whom it can be deadly; and meningococcal meningitis is a serious and potentially fatal disease for which adolescents are at increased risk, and

WHEREAS, School vaccination requirements have proven an effective component of programs aimed at increasing vaccination rates and reducing the occurrence of vaccine preventable disease in children, and

WHEREAS, Maintaining a high rate of adolescent immunizations can prevent disease in adolescents who have been immunized and protect others who, for medical reasons, cannot be immunized or in whom vaccines were not fully protective.

THEREFORE, BE IT

RESOLVED, That the West Virginia Immunization Network (WIN) and its partners work to create an environment in West Virginia where every resident is appropriately immunized, and be it

FURTHER RESOLVED, That we, the undersigned, support the expansion of immunizations required for middle and high school students, which will allow for the continued and increased protection of adolescents and others from vaccine preventable diseases.

SIGNATORIES:

**American Academy of Pediatrics-West Virginia Chapter • West Virginia Academy of Family Physicians
West Virginia Association of School Nurses • West Virginia Perinatal Partnership
West Virginia Primary Care Association • West Virginia Public Health Association
West Virginia School-Based Health Assembly**

(Please see attached signatures)

**West Virginia Immunization Network Resolution Endorsing
Interpretive Rule 64CSR95
Immunization Requirements and Recommendations for New School Enterers
December 27, 2010**

Signatory:

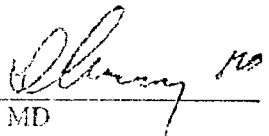


Raheel R. Khan, MD
Vice President
American Academy of Pediatrics- West Virginia Chapter

December 29, 2010
Date

**West Virginia Immunization Network Resolution Endorsing
Interpretive Rule 64CSR95
Immunization Requirements and Recommendations for New School Entrers
December 27, 2010**

Secretary:



David Avery, MD
Chief, Legislative and Government Affairs
West Virginia Academy of Family Physician

1-13-11
Date

**West Virginia Immunization Network Resolution Endorsing Interpretive Rule:
Title 64, Series 95
Immunization Requirements and Recommendations for New School Enterers**

Signatory:

Carol Ward RN

Carol Ward RN, BSN

President

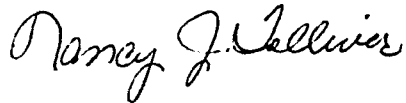
West Virginia Association of School Nurses

1-11-11

Date

**West Virginia Immunization Network Resolution Endorsing
Interpretive Rule 64CSR95
Immunization Requirements and Recommendations for New School Enterers
December 27, 2010**

Signatory:



Nancy Tolliver
Project Director
West Virginia Perinatal Partnership

January 3, 2011

Date

**West Virginia Immunization Network Resolution Endorsing
Interpretive Rule 64CSR95
Immunization Requirements and Recommendations for New School Enterers
December 27, 2010**

Signatory:

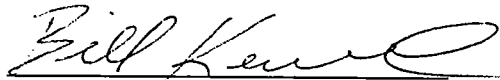


Louise Reese
Chief Executive Officer
West Virginia Primary Care Association

1-4-11
Date

**West Virginia Immunization Network Resolution Endorsing
Interpretive Rule 64CSR95
Immunization Requirements and Recommendations for New School Enterers
December 27, 2010**

Signatory:



Bill Kearns
President
West Virginia Public Health Association

Date 1/10/2011

**West Virginia Immunization Network Resolution Endorsing
Interpretive Rule 64CSR95
Immunization Requirements and Recommendations for New School Enterers
December 27, 2010**

Signatory:



Kelli Caseman
Executive Director
West Virginia School-Based Health Assembly

1-10-11
Date



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

Earl Ray Tomblin
Governor

Commissioner's Office
350 Capitol Street, Room 702
Charleston, West Virginia 25301-3712
Telephone: (304) 558-2971 Fax: (304) 558-1035

Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary

February 8, 2011

Charles F. Whitaker, III, MD
600 18th Street, Suite 304
Parkersburg, West Virginia 26101

Dear Dr. Whitaker:

We have received and appreciate your support of 64CSR95 which will require Tdap and meningococcal (MCV4) vaccinations for 7th grade entry and a 2nd dose of meningococcal vaccine for 12th grade entry for children who received their first MCV4 before 16 years of age.

As you noted, not only has there been conversation about changing the recommendations for Tdap with regard to children between 7-9 years of age there has been, in fact, now published recommendations to immunize children in this age group with a dose of Tdap vaccine if they did not receive the recommended doses of DTaP vaccine between 0-6 years of age. You will receive an official announcement from the Bureau for Public Health probably by the time you receive this response.

Children who receive a dose of Tdap between 7-9 years of age are not recommended to receive another dose of Tdap at 11-12 years or at any other age. Although it is distinctly possible, if not likely, that additional/booster doses of Tdap will be recommended for persons at a certain interval, such a recommendation has not yet been made due to the fact that sufficient time has not yet lapsed to allow an evaluation of the duration of protection offered by the first dose of Tdap.

With regard to the spacing between Td and Tdap there is no official spacing period which must be observed. The Advisory Committee on Immunization Practices has noted that several studies show that Tdap is safe at any interval following a prior dose of Td.

Thank you for your support of the rule and don't hesitate to contact the Division of Immunization Services for further information on Tdap or other immunization issues.

Sincerely,

Ann Goldberg

Ann Goldberg
Director, Public Health Regulations

cc: Chris Curtis, M.P.H.
Cathy Slemper, M.D., M.P.H.
Loretta Haddy, Ph.D.
Jeff Neccuzzi



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Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary

February 8, 2011

Mary Jane Rinard, RN
Berkeley County Schools
730 Eagle School Road
Martinsburg, West Virginia 25404

Dear Ms. Rinard:

We have received and appreciate your comments regarding the January, 2011 filing of 64CSR95 which will require Tdap and meningococcal (MCV4) vaccinations for 7th grade entry and a 2nd dose of meningococcal vaccine for 12th grade entry for children who received their first MCV4 before 16 years of age.

We recognize that school nurses will have a large role in the enforcement of this requirement and that it will be challenging. However, we expect the West Virginia Statewide Immunization Information System (WVSIIIS) will soon become the official repository of immunization records for all K-12 students in West Virginia in accordance with this rule. Medical providers who immunize will thus provide a substantial amount of immunization documentation instead of having to rely solely upon parents/guardians for that information. Additionally, local public health departments and the Division of Immunization Services will be available to assist school officials in any manner that they're able.

In formulating the policy to require these additional doses of vaccines specific to adolescents, the Bureau for Public Health and the Department of Education considered to what extent the 12th grade requirement could have the unintended consequence of causing some students to drop out instead of meeting this final immunization requirement. A clear consensus was formed that children at this age, and their parents, had enough incentive to not end their education at this late stage due to an immunization mandate.

Aside from boosting their previous dose of MCV4 and ensuring protection from a disease which often results in death, amputation of limbs and other deformities, college-bound students were likely to face the MCV4 requirement for post-secondary admission. Other students (or their parents) would still be very reluctant to end their efforts to obtain their diploma at such a late stage of their secondary education.

Mary Jane Rinard, RN
February 8, 2011
Page Two

In closing, your concerns are very valid but we feel confident that, working together, we'll meet the challenges these new requirements present. Thank you for your support of this rule and your service to Berkeley County and the State of West Virginia.

Sincerely,

A handwritten signature in black ink that reads "Ann Goldberg". The signature is written in a cursive, slightly slanted style.

Ann Goldberg
Director, Public Health Regulations

AG:ks

cc: Chris Curtis, M.P.H.
Cathy Slemp, M.D, M.P.H.
Loretta Haddy, Ph.D.
Jeff Neccuzi



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Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary

February 8, 2011

Donna Sue Peros
Director of School Nurses
Boone County Schools
69 Avenue B
Madison, West Virginia 25130

Dear Ms. Peros:

Thank you for writing to express your support of 64CSR95 which will require Tdap and meningococcal (MCV4) vaccinations for 7th grade entry and a 2nd dose of meningococcal vaccine for 12th grade entry for children who received their first MCV4 before 16 years of age. As you noted, making a vaccination a requirement will certainly help to raise the vaccination rate for that vaccine.

Please be assured that the Division of Immunization Services and local health departments will assist school nurses and other school officials in enacting these requirements as much as possible. If you have any questions about immunization please contact the Division of Immunization Services at 1-800-642-3634.

Sincerely,

A handwritten signature in cursive script that reads "Ann Goldberg".

Ann Goldberg
Director, Public Health Regulations

AG:ks

cc: Chris Curtis, M.P.H.
Cathy Slemp, M.D, M.P.H.
Loretta Haddy, Ph.D.
Jeff Neccuzi



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Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary

February 8, 2011

Tammy Argyrakis
Mercer County Schools
1403 Honaker Avenue
Princeton, West Virginia 24740

Dear Ms. Argyrakis:

We have received and appreciate your comments in support of 64CSR95 which will require Tdap and meningococcal (MCV4) vaccinations for 7th grade entry and a 2nd dose of meningococcal vaccine for 12th grade entry for children who received their first MCV4 before 16 years of age.

We agree with you that it would be great if every single vaccination that was routinely recommended for children were required for school entry for all children regardless of when they entered school. As it is, West Virginia very nearly requires every vaccination that is age-appropriate for school-aged children now. The only exception is the human papillomavirus (HPV) vaccine which is extremely costly and consists of a three dose series and, admittedly, a vaccine which some parents unfortunately equate with sanctioning sexual activity. Unfortunately, just as with any section of state law, there are political considerations which make it impossible for any branch or agency of government to enact every law or rule it wishes.

Thank you for your support of this rule change and don't hesitate to contact the Division of Immunization Services at 1-800-642-3634 for information on any immunization issues.

Sincerely,

A handwritten signature in black ink that reads "Ann Goldberg".

Ann Goldberg
Director, Public Health Regulations

AG:ks

cc: Chris Curtis, M.P.H.
Cathy Slemp, M.D., M.P.H.
Loretta Haddy, Ph.D.
Jeff Necuzzi



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Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary

February 8, 2011

Donna Moore
Harrison County Schools
Special Services Department
Route 3, Box 43-B
Clarksburg, West Virginia 26301

Dear Ms. Moore:

We have received and appreciate your comments regarding the filing of 64CSR95 which will require Tdap and meningococcal (MCV4) vaccinations for 7th grade entry and a 2nd dose of meningococcal vaccine for 12th grade entry for children who received their first MCV4 before 16 years of age.

We readily acknowledge that serving as a gatekeeper for this requirement will present significant challenges. However, we do not see that as a reason not to require these vaccinations. Currently, 39 states and the District of Columbia require a dose of td or Tdap for middle school entry and 10 states and the District of Columbia require a dose of MCV4 for middle school entry.

We expect that the West Virginia Statewide Immunization Information System (WVSIS) will soon become the official repository of immunization records for all K-12 students in West Virginia, in accordance with this rule. Medical providers who immunize will thus provide a substantial amount of immunization documentation instead of having to rely solely upon parents/guardians for that information. Additionally, local public health departments and the Division of Immunization Services will be available to assist school officials in any manner that they're able.

In formulating the policy to require these additional doses of vaccines specific to adolescents, the Bureau for Public Health and the Department of Education considered the extent to which the 12th grade requirement could have the unintended consequence of causing some students to drop out instead of meeting this final immunization requirement. A clear consensus was formed that children at this age, and their parents, had enough incentive to not end their education at this late stage due to an immunization mandate.

Donna Moore
February 8, 2011
Page Two

Aside from boosting their previous dose of MCV4, and ensuring protection from a disease which often results in death, amputation of limbs and other deformities, college-bound students were likely to face the MCV4 requirement for post-secondary admission. Other students (or their parents) would still be very reluctant to end their efforts to obtain their diploma at such a late stage of their secondary education.

As far as public concerns about the safety of these vaccinations are concerned, the Bureau for Public Health, along with every other public health and leading medical organization, is satisfied that the vaccines required by this rule are extremely safe and save lives and prevent other severe disease among students and the communities as a whole. Unsubstantiated or fabricated reports of adverse events alleged to be associated with vaccines do not deserve consideration in the development of public health policy to protect our children and communities from preventable diseases.

In closing, your concerns are very valid but we feel confident that, working together, we'll meet the challenges these new requirements present. Thank you for your support of this rule and your service to Harrison County and the State of West Virginia.

Sincerely,



Ann Goldberg
Director, Public Health Regulations

AG:ks

cc: Chris Curtis, M.P.H.
Cathy Slemper, M.D., M.P.H.
Loretta Haddy, Ph.D.
Jeff Neccuzi



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Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary

February 8, 2011

Danita Nellhaus, RN
1738 Loudon Heights Road
Charleston, West Virginia 25314

Dear Ms. Nellhaus:

We have received and appreciate your comments regarding the January, 2011 filing of 64CSR95 which will require Tdap and meningococcal (MCV4) vaccinations for 7th grade entry and a 2nd dose of meningococcal vaccine for 12th grade entry for children who received their first MCV4 before 16 years of age.

We recognize that school nurses will have a large role in the enforcement of this requirement and that it will be challenging. However, we expect that the West Virginia Statewide Immunization Information System (WVSIIS) will become the official repository of immunization records for all K-12 students in West Virginia and that it will help to ease the process of verifying students' immunization records. Medical providers who immunize will provide a substantial amount of immunization documentation and school nurses and other administrators will not have to rely solely upon parents/guardians for that information. Additionally, local public health departments and the Division of Immunization Services will be available to assist school officials in any manner that they're able.

There is no doubt that enforcing immunization requirements can lead to unpleasant issues, mainly in the first year. However, the Bureau for Public Health has a plan to educate parents concerning this new rule in a variety of messages and announcements beginning in the spring of 2011, while the new requirements would not take effect until the 2012-2013 school year.

In closing, we understand and respect the valid issues you have raised. However, we are confident that, working together, we'll meet the challenges these new requirements present. Thank you for your comments and your service to the children of Kanawha County.

Sincerely,

A handwritten signature in black ink that reads "Ann Goldberg".

Ann Goldberg
Director, Public Health Regulations

cc: Chris Curtis, M.P.H.
Cathy Slemp, M.D., M.P.H.
Loretta Haddy, Ph.D.
Jeff Neccuzi



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Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary

February 8, 2011

Elaine Darling
West Virginia Immunization Network
3465B Teays Valley Road
Hurricane, West Virginia 25526

Dear Ms. Darling:

Thank you for submitting the resolution of the West Virginia Immunization Network in support of 64CSR95 which will require Tdap and meningococcal (MCV4) vaccinations for 7th grade entry and a 2nd dose of meningococcal vaccine for 12th grade entry for children who received their first MCV4 before 16 years of age.

You are correct to note the resurgence of pertussis which has been declared epidemic in the state of California and in several other areas of the U.S. Pertussis is a classic example of how important herd immunity is to our most fragile young ones. There were 10 deaths from pertussis in California in 2010 and each of the victims were infants who were too young to be immunized themselves with more than one dose of the 5-dose vaccination series.

Please contact the Bureau for Public Health, Division of Immunization Services, if we can be of assistance to the dedicated professionals of the West Virginia Immunization Network.

Sincerely,

A handwritten signature in cursive script that reads "Ann Goldberg".

Ann Goldberg
Director, Public Health Regulations

AG:ks

cc: Chris Curtis, M.P.H.
Cathy Slemper, M.D., M.P.H.
Loretta Haddy, Ph.D.
Jeff Neccuzi