

Catherine B. Templeton, Director Promoting and protecting the health of the public and the environment

February 19, 2013

Dear Immunization Provider:

In accordance with South Carolina Code of Laws, Section 44-29-180, and State Regulation 61-8, the 2013-2014 "Required Standards of Immunization for School Attendance" and the "Required Standards of Immunization for Day Care Attendance" are enclosed. These requirements are effective for the 2013-2014 school year.

General Guidance Points

- A valid South Carolina Certificate of Immunization for all enrolled children, 3 months of age and older, must be maintained by public or private childcare facilities (as defined in Section 63-13-20 of SC Code of Laws); public, private, or parochial schools, grades kindergarten through 12th grade; or child development programs under the control of the Department of Education.
- Children enrolled in Pre K or 4K programs and younger must meet <u>Day Care Requirements</u>, even if attendance is in a school setting.
- Children enrolled in 5 year old kindergarten through Grade 12 must meet <u>School Requirements.</u>
- Children enrolled in grades 5K or greater who also attend a childcare facility (e.g., after school and/or summer program) must meet <u>School Requirements</u> and have a valid South Carolina Certificate of Immunization on file at both day care and school.
- Doses documented on the immunization certificate must be <u>valid</u> doses according to accepted practice standards for the minimum age(s) and intervals.

Changes for the 2013-2014 School Year

- The addition of NINTH grade to the requirement for four (4) doses of diphtheria, tetanus, and pertussis.
- The addition of FIRST grade to the requirement for three (3) doses of oral and/or inactivated Polio vaccine with at least one (1) dose received on or after the fourth birthday.
- One (1) dose of Tdap vaccine (tetanus, diphtheria, and pertussis) is now required for all SEVENTH grade students. Tdap is routinely administered at 11-12 years of age; however, if Tdap is needed at an earlier age, a dose administered on or after the seventh birthday will meet this requirement.
- The <u>NEW</u> South Carolina Certificate of Immunization (DHEC 2740) (see attached)
 - Currently there are two versions of the SC Certificate of Immunization: the DHEC 1148 and DHEC 2740. The purpose of two versions is to allow for a transition from the use of the DHEC 1148 to DHEC 2740. Either form may be used to complete a valid certificate until 1/1/2014 after which date only the DHEC 2740 should be used to complete a SC Certificate of Immunization.
 - South Carolina Certificates of Immunization issued on the DHEC 1148 prior to 1/1/2014 are considered valid (or until expiration) and a DHEC 2740 does not need to be issued to replace this document unless vaccine status changes.
 - For 7th grade students with a SC Certificate of Immunization already on file, the DHEC 2740 allows for easy documentation of the new Tdap requirement: Enter the date of administration of the Tdap dose and check the appropriate box under the School Requirements section ("Certification for 7th grade Tdap requirement only"). As this is <u>supplemental</u> to the SC Certificate of Immunization on file, the other required vaccines do <u>not</u> need to be recorded on this form.

DHEC appreciates your continuing efforts to protect South Carolina children from vaccine-preventable diseases. Please encourage your patients to receive <u>all</u> age-appropriate vaccines as recommended by the Centers for Disease Control and Prevention (CDC). You may communicate this information as you deem appropriate. Procedural and other questions may be directed to the Regional Immunization Program Manager for each Public Health Region as shown on the DHEC Immunization Webpage "contacts" tab @ <u>http://www.scdhec.gov/health/disease/immunization/contacts.htm</u> or DHEC's Immunization Division in Columbia at 898-0460 or 1-800-277-4687 (1-800-27-SHOTS).

Sincerely,

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2013-2014 REQUIRED STANDARDS OF IMMUNIZATION FOR SCHOOL ATTENDANCE

Pursuant to Section 44-29-180, South Carolina Code of Laws, and South Carolina Regulation 61-8, "no superintendent of an institution of learning, no school board or principal of a school...may...enroll or retain a child or person who cannot produce satisfactory evidence of having been vaccinated or immunized so often as directed by the Department of Health and Environmental Control.... Records of vaccinations or immunizations must be maintained by the institution, school or day care facility to which the child or person has been admitted."

The Department of Health and Environmental Control has declared the following minimum immunization requirements are necessary for a child to be admitted to any public, private, or parochial school, grades five year old kindergarten through twelve (5K-12):

| | | Crede Level Poquirementer | | | | | |
|-----------------------------|---------|---|--|--|--|--|--|
| Vaccine for: | Grade | Grade Level Requirements: Grade level requirements apply to all students entering or retained in the grades specified. | | | | | |
| Diphtheria, Tetanus and | 5K – 9 | Four (4) doses of any combination of DTP, DT, DTaP, Td, or Tdap vaccine with at least one (1) dos received on or after the fourth birthday. ² | | | | | |
| Pertussis | 10 – 12 | Three (3) doses of any combination of DTP, DT, DTaP, Td, or Tdap vaccine with at least one (1) dose received on or after the fourth birthday. | | | | | |
| | | One (1) dose of Tdap vaccine received on or after the 7 th birthday ³ | | | | | |
| Tdap Booster | 7 | If necessary, this dose of Tdap may be included as one of the doses needed to meet the requirement for Diphtheria, Tetanus, and Pertussis noted above. | | | | | |
| Polio ⁴ | 5K-1 | Three (3) doses of oral and/or inactivated Polio vaccine with at least one (1) dose received on or after the fourth birthday. | | | | | |
| | 2-12 | Three (3) doses of oral and/or inactivated Polio vaccine (IPV) with at least one (1) dose received on or after the 4 th birthday <u>OR</u> four (4) doses of IPV before 4 th birthday (if all doses separated by at leas 4 weeks). <i>Follow CDC recommendations for students 18 years of age and older</i> ⁴ | | | | | |
| Rubeola (Measles) | | Two (2) doses of Rubeola (Measles) vaccine with both doses received on or after the first birthday and separated by at least one month. | | | | | |
| Rubella (German Measles) | 5K – 12 | One (1) dose of Rubella (German Measles) vaccine received on or after the first birthday. | | | | | |
| Mumps | | One (1) dose of Mumps vaccine received on or after the first birthday. | | | | | |
| Hepatitis B | 5K – 12 | Three (3) doses of Hepatitis B vaccine. | | | | | |
| Varicella | 5K – 12 | One (1) dose of Varicella vaccine received on or after the first birthday or positive history of disease. | | | | | |

¹When issuing a new South Carolina Certificate of Immunization, doses documented on the immunization certificate must be valid according to accepted practice standards for minimum age(s) and intervals.

²For unvaccinated or incompletely vaccinated children 7 years of age and older, refer to currently published ACIP Catch-Up Schedule for number of doses necessary to complete diphtheria, tetanus, and pertussis series and meet this requirement.

³Tdap is routinely administered at 11-12 years of age; however, if Tdap is needed at an earlier age, a dose administered on or after the seventh birthday will meet this requirement.

⁴Routine vaccination of persons 18 years of age and older who reside in the United States is not necessary or recommended, unless in the following high risk categories: 1) traveler to areas where poliomyelitis is endemic or epidemic; 2) laboratory worker handling specimens that may contain polioviruses; or 3) healthcare worker who has close contact with patients who might be excreting wild polioviruses.

⁵Pursuant to South Carolina Regulation 61-8, students may be exempt from these immunization requirements for the following reasons:

<u>Medical Exemption</u>: The Medical Exemption section of the SC Certificate of Immunization should only be completed when a child has a permanent or temporary medical reason for exclusion from receipt of vaccine(s). The Medical Exemption section must only be completed by a licensed Physician (MD or DO) or his/her authorized representative (e.g. Physician's Assistant, or Advanced Practice Registered Nurse).

Religious Exemption: A religious exemption may be granted to any student whose parents, parent, guardian, or person in loco parentis signs and has notarized the appropriate section of the South Carolina Certificate of Religious Exemption. The South Carolina Certificate of Religious Exemption may only be obtained from the Department of Health and Environmental Control

Special Exemptions: A South Carolina Certificate of Special Exemption, signed by the school principal or his/her authorized representative, may be issued to transfer students while awaiting arrival of medical records from their former area of residence or to other students who have been unable to secure immunizations or documentation of immunizations already received. This exemption may be issued only once and is valid for only thirty (30) calendar days from the date of enrollment. Upon expiration of this special exemption, the student must present a valid South Carolina Certificate of Immunization or a valid South Carolina Certificate of Religious Exemption.

2013-2014 REQUIRED STANDARDS OF IMMUNIZATION FOR DAY CARE ATTENDANCE

Pursuant to Section 44-29-180, South Carolina Code of Laws, "...no owner or operator of a public or private childcare facility as defined in Section 63-13-20 may...enroll or retain a child or person who cannot produce satisfactory evidence of having been vaccinated or immunized so often as directed by the Department of Health and Environmental Control. Records of vaccinations or immunizations must be maintained by the institution, school or day care facility to which the child or person has been admitted."

The Department of Health and Environmental Control has declared the following minimum requirements are necessary to receive the final immunization certificate for day care attendance for 4K programs and younger. Children enrolled in day care who have not yet received all required immunizations must present a valid SC Certificate of Immunization that indicates by expiration date of the certificate when the next immunization(s) are due. The child is allowed to remain in the day care no longer than 30 days after the noted expiration date.

Children enrolled in grade 5K or greater AND enrolled in a childcare facility (e.g., after school and/or summer program) must meet school immunization requirements and have a valid SC Certificate of Immunization on file at the childcare facility.

Minimum Requirements:1,3

| Vaccine for: | Day Care Requirements: | | | | | |
|--|--|--|--|--|--|--|
| Diphtheria, Tetanus and Pertussis | Four (4) doses of any combination of DTP, DT, or DTaP vaccine. | | | | | |
| Polio | Three (3) doses of any combination of oral or inactivated Polio vaccine. | | | | | |
| Haemophilus influenza Type b (Hib) | Current, age-appropriate <i>Haemophilus influenzae</i> Type b conjugate vaccination according to the currentl published immunization schedule. For children 15-59 months of age who have not yet completed age appropriate Hib vaccination, one (1) dose of <i>Haemophilus influenzae</i> Type b vaccine at or after 15 months or age is required. Hib vaccine is <u>not</u> required for children 5 years of age and older. | | | | | |
| Rubeola (Measles) | One (1) dose of Rubeola (Measles) vaccine received on or after the first birthday. | | | | | |
| Rubella (German Measles) | One (1) dose of Rubella (German Measles) vaccine received on or after the first birthday. | | | | | |
| Mumps | One (1) dose of Mumps vaccine received on or after the first birthday. | | | | | |
| Hepatitis B | Three (3) doses of Hepatitis B vaccine with the third dose received >24 weeks of age and at least 16 weeks after the first dose. | | | | | |
| Varicella | One (1) dose of Varicella vaccine received on or after the first birthday or positive history of disease. | | | | | |
| Pneumococcal | Current, age-appropriate Pneumococcal vaccination according to the currently published immunization schedule. ² For children aged 24-59 months who have not yet completed any age-appropriate pneumococcal vaccination schedule (PCV7 or PCV13), one (1) dose of 13-valent pneumococcal conjugate vaccine on or after the 2 nd birthday is required. Pneumococcal conjugate vaccine is <u>not</u> required for children 5 years of age and older. | | | | | |

When issuing a new South Carolina Certificate of Immunization, doses documented on the immunization certificate must be valid according to accepted practice standards for minimum age(s) and intervals.

²A single supplemental dose of PCV13 is strongly recommended for all children 14-59 months of age who have completed ageappropriate pneumococcal vaccination with the 7-valent pneumococcal vaccine (PCV7), but is not required for day care attendance.

³Pursuant to South Carolina Regulation 61-8, children may be exempt from these immunization requirements for the following reasons:

Medical Exemption: The Medical Exemption section of the SC Certificate of Immunization should only be completed when a child has a permanent or temporary medical reason for exclusion from receipt of vaccine(s). The Medical Exemption section must only be completed by a licensed Physician (MD or DO) or his/her authorized representative (e.g. Physician's Assistant, or Advanced Practice Registered Nurse).

Religious Exemption: A religious exemption may be granted to any student whose parents, parent, guardian, or person in loco parentis signs and has notarized the appropriate section of the South Carolina Certificate of Religious Exemption . The South Carolina Certificate of Religious Exemption may only be obtained from the Department of Health and Environmental Control.



SOUTH CAROLINA CERTIFICATE OF IMMUNIZATION SC Law §44-29-180/SC Code of Regulations 61-8 Certificate must be completed according to form instructions by a licensed Practitioner of Medicine, Surgery, or Osteopa-thy, or by his/her authorized representative.

| CERTIFICATION STATUS *****(Check only ONE box***** | | | | | | | | | | | | | |
|--|---|--|---|-------------|--|---|---|---------------------------------------|---|--|--|--|--|
| □ Certificate Ex- pires: | | | Day Care Requirements | | Day Care & School Requirements as of date of issue | | School Requirements as of date of issue | | ☐ Medical Exemption | | | | |
| <u>/ /</u> Month Day Year (Date next required immunization for day care/ school is due) Child/Student may attend day care or school for no more than one month from this date. | | | as of date of issue ☐ Meets Day Care Requirements (<u>Not</u> valid for school entry) | | as of date of issue Meets Day Care Requirements <u>AND</u> Requirements for 5K-6th grade | | Meets Requirements for 5K- 6 th grade Meets Requirements for 7 th - 12 th grade Certification for 7 th grade Tdap requirement only (Supplement to approved Certificate Only) | | (<u>Must</u> complete Section 3 below) Child/Student may attend day care or school for no more than one month following the temporary expiration date in Medical Exemption section. | | | | |
| 1 | Name: | me: | | | | of | | MCI/ Chart #: | | | | | |
| | Vaccination Date | | | | | | | | | | | | |
| | Нер-В | | | | | | | | | | | | |
| | IPV • OPV | | | | | | | | | | | | |
| | DTaP • DT | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | Td | | | | | | | | | | | | |
| 2 | Tdap | | | | | | - | | | | | | |
| | Hib | | | | | | | | | | | | |
| | MMR | | | | | | | | | | | | |
| | Varicella | | | | | | | Check this box Varicella (chicker | for a reliable history of pox)† | | | | |
| | PCV | | | | | | | 3 | | | | | |
| | Rotavirus | | | | | | | | | | | | |
| | Нер-А | | | | | | | | | | | | |
| | HPV | | | | | | | | | | | | |
| | MCV4 | | | - | | | | | | | | | |
| | MEDICAL EXEMPTION: This child is exempt from receiving each of the vaccines listed below for a MEDICAL REASON (must be | | | | | | | | | | | | |
| | approved by a licensed Physician (MD or DO) or his/her List VACCINE(S) | | | | her authorize | r authorized representative (e.g. PA or APRN) DATE TEMPORARY EXEMPTION EXPIRES | | | PERMANENT EXEMPTION (Check if applicable) | | | | |
| 3 | | | | | | | | OR | | | | | |
| | | | | | | | | OR | | | | | |
| | | | | | | | nt with the | child's health reco | rds and meets SC DHEC | | | | |
| | | immunization requirements* as of the date this certificate was issued. Print Physician's Name Print Authorized Representative's Name (if applicable) | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 4 | Facility Telephone Number | | | | Signature | Signature of person completing certificate (Physician or Authorized Representative) | | | | | | | |
| | Facility Name/Address | | | | | | | | Date Certificate Issued | | | | |
| | | | | in define t | 4) 1111 | | | | | | | | |
| | + Reliable history of Varicella (chickenpox) is defined as: 1) Healthcare provider diagnosis or verification of Varicella (chickenpox) disease; 2) laboratory evidence immunity or laboratory confirmation of disease. ±Immunization Requirements for Child Day Care Attendance and School Attendance are published by DHEC annually (see | | | | | | | | | | | | |

South Carolina Certificate of Immunization (DHEC 2740) INSTRUCTIONS FOR COMPLETING

Purpose

To provide valid documentation of immunizations for daycare and school attendance in SC.

(*) Asterisk denotes items that <u>cannot</u> be completed by school nurses.

Certification

NOTE: The Vaccination Date (Section 2) and Medical Exemption (Section 3) information must be completed <u>first</u> to determine the Certification Status.

Check only ONE box in the Certification Status section after reviewing the child's vaccination/ titer documentation, medical exemption section and South Carolina School and Day Care attendance requirements.

- <u>Certificate Expires*</u>: Check this box if child has not received complete immunizations for <u>daycare or school</u> and does not have any medical exemptions.
 - "Date next immunization is due" section MUST be completed. The child may attend day care or school for no more than one month from the date listed.
 - > The date written should correspond to the date the next immunization is due and written as mm/dd/yy.
 - Applies ONLY to immunizations required for day care or school in South Carolina
- <u>Meets Day Care Requirements</u>: Check this box if child meets all of the immunization requirements for day care as of the date of certificate being issued.
- Meets Day Care & School Requirements: Check this box if child meets all of the immunization requirements for day care AND the requirements for 5K 6th grade.
 - Example: A child is in a 4K program and receives age appropriate vaccines at age 4. These vaccines complete the requirement for 5K-6thgrade. So this child does not have to have a duplicate certificate printed when entering 5K from day care, this box can be checked.
- <u>Meets School Requirements</u>: Check the applicable box for which the child meets all of the immunization requirements for school as of the date of certificate being issued.
 - Select the appropriate box based on the child's current immunizations (not on current grade) Example: A child in the 3rd grade is up-to-date on all immunizations including having received a valid 1dap dose. This child meets current requirements for 7th – 12th grade as of date of issue and this box should be selected.
 - If the DHEC 2740 is being completed to document Tdap requirement only, the form is then supplemental to the child's primary immunization certificate which should have all other required vaccines documented.
- <u>Medical Exemption*</u>: Check this box if child has a temporary or permanent medical exemption.

Section 1: Identification/ Name

Name Enter child's full name. Date of Birth Enter child's date of birth. <u>MCI/Chart#</u> Record child's assigned MCI or chart number, if applicable.

Section 2: Vaccination Date

Vaccine Date: Document month/day/year (e.g. 12/23/2002) for each immunization administered that corresponds to the appropriate vaccine.

- Varicella ("Chickenpox"): If child has a reliable history of Varicella disease, check box in this section.
 - Reliable history of Varicella is defined as: (1) Healthcare provider diagnosis or verification of Varicella disease or (2) laboratory evidence of immunity or laboratory confirmation of disease.
 - If a child has documentation of a <u>positive titer</u>, record month/day/year (e.g. 12/23/2002) and the "Positive Titer" on the line corresponding to the vaccine. If a child has a positive titer for a vaccine with multiple antigens, the disease for which there is a positive titer must also be included on the line (e.g. positive titer for mumps only – write "Positive Titer – Mumps 12/23/2002" on the MMR line).

Section 3: Medical Exemption*

If applicable, document the name of the vaccine(s) if there is a permanent or temporary medical reason for exclusion. This section **must** be approved by the licensed Physician (MD or DO) or his/her authorized representative (e.g. Physician's Assistant or Advanced Practice Registered Nurse).

- <u>Temporary Exemption</u>: This section should only be used if the vaccine(s) listed is/are temporarily exempt. A date must be documented indicating when the temporary exemption for the vaccine(s) expires.
- Permanent Exemption: This section should only be used if the vaccine listed is permanently exempt. A check mark should be placed in the box indicating this is permanent and does not have an expiration period.

Section 4: Physician/ Authorized Representative Information

Print Physician's Name: The physician is the licensed Practitioner of Medicine, Surgery, or Osteopathy. The physician's name area must be completed to be valid.

- DHEC staff: Print the following "DHEC Director of Clinical Services"
- School Nurses: Print the following "DHEC Director of Clinical Services"
- Private Practices: Print name of specific physician certifying certificate

Authorized Representative: The physician authorizes this individual to complete the certificate. The Authorized Representative's name must be printed if someone other than the certifying physician is issuing the certificate.

Example – The physician authorizes his/her nurse to complete the certificate. The physician's name and the nurse's name (as authorized representative) must be printed. The nurse's signature is required as the authorized representative for that physician.

Facility Telephone Number/ Name/ Address:

- > DHEC staff: Regional Health Department telephone number, name and address
- School Nurses: School telephone number, name and address
- > Private Practices: Office telephone number, name and address

Signature: The person completing the certificate must sign the form (either physician or authorized representative)

Date Certificate Issued: Certificate cannot be issued if immunization dates in the Vaccination Date (Section 2) are <u>after</u> the date the certificate is issued.

Office Mechanics: Provide the parent, legal guardian or person in loco parentis with the certificate of immunization.