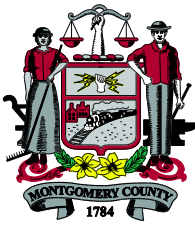


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HEALTH DEPARTMENT

MONTGOMERY COUNTY COURTHOUSE • PO Box 311
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MEDICAL DIRECTOR

Montgomery County Health Department Public Health Advisory

**Revisions to School Immunization Law
August 7, 2017**

***** SPECIAL BULLETIN FOR HEALTHCARE PROVIDERS*****

As of August 1, 2017, the Pennsylvania requirements for mandatory immunizations for school attendance have become more stringent. Students cannot attend school unless they have completed the mandatory requirement set, or in the case of a series, have initiated the series and have a documented plan to complete the series specifically articulated by a healthcare provider. The PA regulations include a short 5-day provisional period, after which the student will be excluded from attending school.

Students in Kindergarten through 12th grade need to have the following or risk exclusion from school:

1. Have all the required vaccines, or
2. Have completed the first vaccine in a series *and* have a written scheduled plan signed by a healthcare provider articulating the student's plan, or
3. Have documented exemptions.

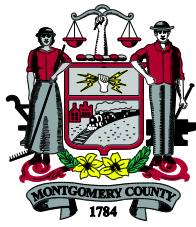
Students who have not provided the above documentation to their school will not be permitted into school.

What is your role as a healthcare provider?

- Educate your entire practice's team about the new requirements
- Educate your patients and families about the new requirements
- Proactively identify your patients who have not yet received these immunizations through whatever means possible (such as running recalls in your EHR or practice management system)
- Reach out to these families and bring patients into your office to receive necessary vaccines as soon as possible
- Use *every* opportunity to immunize (sick visits, signing driver's permits, sibling visits, etc.)

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A survey of school nurses has identified the following areas of significant gaps in immunization documentation:

- 16-18-year-olds without a second MCV4 (required for 12th grade)
- Patients of all ages who did not have their 4th polio vaccine on or after their 4th birthday
- New kindergarten students who registered but did not yet have their 5-year-old well visit with vaccines

Strategies to consider for increased immunization rates prior to the first day of school:

- Give DTaP, IPV and MMRV at the 4-year-old well visit (remember IPV *must* be on or after the 4th birthday)
- Use every opportunity to immunize older children
- Write and share vaccine catch-up plans with families
- Make all immunization appointments for series completion, not just the next dose

PA state requirements for school attendance:

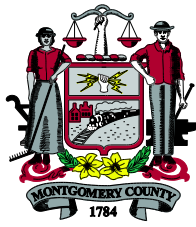
<p>Children in ALL grades (K-12) need the following immunizations for attendance:</p> <ul style="list-style-type: none">• 4 doses of tetanus, diphtheria and acellular pertussis (1 dose on or after 4th birthday) (DTaP)• 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given) (IPV)• 2 doses of measles, mumps and rubella (MMR)• 3 doses of hepatitis B (Hep B)• 2 doses of varicella (chickenpox) or evidence of immunity (documented disease or antibody titers)	<p>7th through 12th Grade ADDITIONAL immunization requirements for attendance:</p> <ul style="list-style-type: none">• 2 doses meningococcal conjugate vaccine (MCV4)<ul style="list-style-type: none">○ first dose prior to entry into 7th grade○ a second dose is required at age 16 or prior to entry into 12th grade.○ If the student has already received the first dose after age 16, only one dose is required.• 1 dose of tetanus, diphtheria, acellular pertussis (Tdap)
--	--

For children on a catch-up schedule:

When presented with a Pennsylvania Department of Health form (*see example of a Medical Certificate on next page*) to complete, please document the *scheduled dates* which have been communicated with the student/family during which you intend to provide the remainder of the vaccine series. Please take into account minimal intervals between vaccines according to the [ACIP catch-up schedule](#). *This form must include a provider signature and date to be accepted.*

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PENNSYLVANIA DEPARTMENT OF HEALTH -- MEDICAL CERTIFICATE					
Name _____			Birthdate _____		
Address _____			Parent or Guardian _____		
Telephone _____					
Please circle present grade: K 1 2 3 4 5 6 7 8 9 10 11 12 Other _____					
VACCINE	Enter month, day and year each immunization will be given				
Circle appropriate item	DOSES				
Diphtheria, tetanus and acellular pertussis (DTaP (DTP, 1c or DT)	1 / /	2 / /	3 / /	4 / /	5 / /
Tetanus, diphtheria and acellular pertussis (Tdap)	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (OPV or IPV)	1 / /	2 / /	3 / /	4 / /	5 / /
Hepatitis B	1 / /	2 / /	3 / /	4 / /	5 / /
Measles - mumps - rubella (MMR)	1 / /	2 / /	or measles serology Date _____		Titer _____
Varicella	1 / /	2 / /	Rubella serology Date _____		Titer _____
Meningococcal (MCV)	1 / /	2 / /			
Other _____	1 / /	2 / /	Mumps disease diagnosed by a physician: Date _____		
Attach EHR of vaccines already given.					
Signature (PLEASE CIRCLE - physician, certified registered nurse practitioner, physician assistant, local health department)					H562.320 3/17

During subsequent visits where additional immunizations are administered, provide the student/family with an updated vaccine record and encourage them to present it to their school nurse in a timely manner.

Thank you for your efforts to keep our students in school and protecting them from vaccine preventable diseases.

For more information, please visit: www.montcopa.org/schoolvaccinelaw or you may contact the Montgomery County Health Department clinic in your area at the following phone numbers and ask to speak with the Nurse of the Day (NOD):

- Norristown Public Health Center – (610) 278-5145
- Pottstown Public Health Center – (610) 970-5040
- Willow Grove Public Health Center – (215) 784-5415

NORRISTOWN HEALTH CENTER
1430 DeKALB STREET, PO BOX 311
NORRISTOWN, PA 19404-0311
PHONE: 610-278-5145 FAX: 610-278-5166

POTTSTOWN HEALTH CENTER
354 KING STREET
POTTSTOWN, PA 19464
PHONE: 610-970-5040 FAX: 610-970-5048

EASTERN COURT HOUSE ANNEX
102 YORK ROAD, SUITE 401
WILLOW GROVE, PA 19090
PHONE: 215-784-5415 FAX: 215-784-5524