Immunization Program

TO: Directors of Licensed Child Day Care Centers & Group Day Care Homes
FROM: Mick Bolduc-Epidemiologist, Immunization Program
       Debra L. Johnson- Chief, Community Based Regulation Section
DATE: November 15, 2013
SUBJECT: Annual Immunization Survey

Child day care providers continue to play an instrumental role in assuring that Connecticut children are age-appropriately immunized. Coverage of childhood vaccines remains at high levels. The annual immunization survey is a collaboration between the Immunization and Child Day Care Licensing Programs and is mandated by state regulation 19a-79-5a(a)(2)(c).

This year’s survey is similar to last year’s to simplify the reporting of data. No immunization information is required to be reported for children less than 7 months of age. A child’s immunization status is determined by Appendix A of the Immunization Survey; please be aware that where footnoted, children will not be out of legal compliance if the number of doses are not met in the appendix. Any child who does not have the described number of immunizations in Appendix A should be counted under the “not complete” (NC) category. Children who are age appropriately immunized should be counted under the “adequately immunized” (A) category.

A child must be age appropriately immunized according to national standards detailed in the CT Immunization Requirements Schedule For Day Care, Family Day Care, Group Day Care Homes (http://www.ct.gov/dph/lib/dph/infectious_diseases/immunization/laws/day_care_immunization_requirements_schedule-2013-2014.pdf) in order to attend your program; there are no new required vaccines for 2013-2014. The required immunizations must be complete by the end of the period in which the immunization is due or the child must be excluded. Remember there is no grace period.

The due date for return of the survey is February 15, 2014 to allow you to report on the influenza vaccination status of children 6 through 59 months of age who receive at least one dose of flu vaccine administered between July 1, 2013 and December 31, 2013. Since we are measuring compliancy for influenza vaccination with a deadline of January 1st, the flu portion of the survey (Table 2) will not count children as “adequately immunized” if they are vaccinated after that date. As a reminder, children enrolling between January 1st and March 31, 2013 still need to be vaccinated in order to be compliant with the influenza requirement.

We are asking operators who run more than one facility to fill out a separate survey summary sheet for each individually licensed site-please do not group all sites together on one summary form. The survey summary (yellow copy) must be returned by February 15, 2014; please retain a copy for your records. Worksheets should not be sent in with the survey. The information can either be mailed or faxed to the Immunization Program-PLEASE DO NOT DO BOTH. Our fax number is (860) 509-7945. Remember to proof read your survey for completeness and accuracy before sending it in. If your survey is not received by February 15th, the day care licensing program will be notified of your non-compliance status and will initiate the necessary administrative procedures required to ensure compliance.
More information about immunization laws and requirements, including a “Question and Answer” document about the flu requirement can be found at: www.ct.gov/dph/immunizations (click on the Immunization Laws and Regulations and scroll down to the DPH Licensed Daycare Facilities section).

Thank you for your continued cooperation in ensuring that all children in day care settings are age appropriately immunized. Please call the Immunization Program at (860) 509-7929 with any questions.
To complete the table below, see "Appendix A: Child Care Immunization Survey--Number of Doses by Vaccine Type for Each Age Group". Include children enrolled as of December 31, 2013. Age of children should also be as of December 31, 2013. Please report actual numbers, not check marks or slashes.

### TABLE 1. Children by Age Group

<table>
<thead>
<tr>
<th>Vaccine Series</th>
<th>Children aged 0 through 6 months</th>
<th>Children aged 7 through 11 months</th>
<th>Children aged 12 through 18 months</th>
<th>Children aged 19 through 35 months</th>
<th>Children aged 36 through 59 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>XXXXXXXXX</td>
<td>A (4)</td>
<td>NC (5)</td>
<td>A</td>
<td>NC</td>
</tr>
<tr>
<td>DTP/DTaP/DT</td>
<td>No need to complete</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Conjugate (PCV)</td>
<td>XXXXXXXXX</td>
<td>No need to complete</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td>No need to complete</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TABLE 2. Influenza Vaccination Section

<table>
<thead>
<tr>
<th>Influenza -- at least one dose (6)</th>
<th>A</th>
<th>NC</th>
<th>Medical Exemption</th>
<th>Religious Exemption--Influenza Only (7)</th>
<th>Religious Exemption--All Vaccines</th>
<th>Total Number of Children</th>
</tr>
</thead>
</table>

(1) Medical or religious exemptions must be part of the child's immunization history. Medical exemptions must be consistent with national guidelines.

(2) A parent/guardian may claim religious exemption to one or all vaccines; if a child has a religious exemption to one or all of the listed vaccines in TABLE 1, count them as a religious exemption. NOTE: this excludes religious exemptions to flu only, which are counted in TABLE 2.

(3) The subtotal of children equals the total number of children minus the number of children with religious and medical exemptions for each age group. Children with exemptions are not counted in the remainder of TABLE 1.

(4) "Adequately Immunized" (A) category applies to those children who are currently attending child care and are up to date as of December 31, 2012 according to the attached "Appendix A: Child Care Immunization Survey--Number of Doses by Vaccine Type for Each Age Group".

(5) "Not Complete" (NC) category applies to those children who do not meet the adequately immunized requirements. Do not include children with exemptions. The subtotal for each age category (C) should equal "A" + "NC" for each vaccine series.

(6) Only include children who were 6-59 months old by December 31, 2013 (born between 1/1/2009 and 6/30/2013).

(7) For TABLE 2 (Influenza Vaccination Section), include children with religious exemptions to influenza only under "Religious Exemption--Influenza Only" and children with religious exemptions to all vaccines under "Religious Exemption--All Vaccines". A child that has a religious exemption should only be counted in one of these religious exemption boxes. The numbers in each column in Table 2 should sum to the "Total Number of Children" in the final column at the right.

Updated 10/29/2013
This page intentionally left blank
### CT Immunization Requirements Schedule For Day Care, Family Day Care, Group Day Care Homes

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Under 2 months of age</th>
<th>By 3 months of age</th>
<th>By 5 months of age</th>
<th>By 7 months of age</th>
<th>By 16 months of age</th>
<th>16–18 months of age</th>
<th>By 19 months of age</th>
<th>2 years of age (24–35 months)</th>
<th>3 to 5 years of age (36–59 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP/DTaP/DT</td>
<td>None</td>
<td>1 dose</td>
<td>2 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>4 doses</td>
<td>4 doses</td>
<td>4 doses</td>
</tr>
<tr>
<td>Polio</td>
<td>None</td>
<td>1 dose</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
</tr>
<tr>
<td>MMR</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>1 dose after 1st birthday</td>
<td>1 dose after 1st birthday</td>
<td>1 dose after 1st birthday</td>
<td>1 dose after 1st birthday</td>
<td>1 dose after 1st birthday</td>
</tr>
<tr>
<td>Hep B</td>
<td>None</td>
<td>1 dose</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
</tr>
<tr>
<td>HIB</td>
<td>None</td>
<td>1 dose</td>
<td>2 doses</td>
<td>2 or 3 doses depending on vaccine given</td>
<td>1 booster dose after 1st birthday</td>
<td>1 booster dose after 1st birthday</td>
<td>1 booster dose after 1st birthday</td>
<td>1 booster dose after 1st birthday</td>
<td>1 booster dose after 1st birthday</td>
</tr>
<tr>
<td>Varicella</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>1 dose after 1st birthday or prior history of disease</td>
<td>1 dose after 1st birthday or prior history of disease</td>
<td>1 dose after 1st birthday or prior history of disease</td>
<td>1 dose after 1st birthday or prior history of disease</td>
<td>1 dose after 1st birthday or prior history of disease</td>
</tr>
<tr>
<td>Pneumococcal Conjugate Vaccine (PCV)</td>
<td>None</td>
<td>1 dose</td>
<td>2 doses</td>
<td>3 doses</td>
<td>1 dose after 1st birthday</td>
<td>1 dose after 1st birthday</td>
<td>1 dose after 1st birthday</td>
<td>1 dose after 1st birthday</td>
<td>1 dose after 1st birthday</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>1 dose after 1st birthday</td>
<td>1 dose after 1st birthday</td>
<td>1 dose after 1st birthday</td>
<td>2 doses given 6 months apart</td>
<td>2 doses given 6 months apart</td>
</tr>
<tr>
<td>Influenza</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>1 or 2 doses</td>
<td>1 or 2 doses</td>
<td>1 or 2 doses</td>
<td>1 or 2 doses</td>
<td>1 or 2 doses</td>
<td>1 or 2 doses</td>
</tr>
</tbody>
</table>

1 Laboratory confirmed immunity also acceptable
2 A Complete primary series is 2 doses of PRP-OMP (PedvaxHIB) or 3 doses of HbOC (ActHib or Pentacel)
3 As a final booster dose if the child completed the primary series before age 12 months. Children who receive the first dose of Hib on or after 12 months of age and before 15 months of age are required to have 2 doses. Children who received the first dose of Hib vaccine on or after 15 months of age are required to have only one dose
4 Hepatitis A is required for all children born after January 1, 2009
5 Two doses in the same flu season are required for children who have not previously received an influenza vaccination, with a single dose required during subsequent seasons

### Vaccines

- **DTaP-IPV-Hib**
- **Varicella**
- **DTaP-Hib**
- **Hib**
- **HIB-Hep B**
- **DTaP-IPV**

### Brand Names

- Pentacel
- Varivax
- TriHibit
- ActHib or PedvaxHIB or Hiberix
- Convax
- Kinrix

### Vaccines

- **Influenza**
- **DTaP-IPV-Hep B**
- **Hepatitis A**
- **MMRV**
- **PCV 7**
- **PCV 13**

### Brand Names

- Flumist or Fluarix or Fluzone or Fluvirin or Flulaval
- Pediarix
- Havrix or Vaqta
- ProQuad
- Prevnar
- Prevnar 13

Revised 10/30/2013
## Appendix A: Child Care Immunization Survey—Number of Doses by Vaccine Type for Each Age Group

<table>
<thead>
<tr>
<th>Vaccine:</th>
<th>7 through 11 months of age</th>
<th>12 through 18 months of age</th>
<th>19 through 35 months of age</th>
<th>36 through 59 months of age</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP/DTaP/DT</td>
<td>3</td>
<td>4 (1)</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Polio</td>
<td>3 (1)</td>
<td>3 (1)</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>MMR</td>
<td>2</td>
<td>1 (1,2)</td>
<td>1 (2)</td>
<td>1 (2)</td>
</tr>
<tr>
<td>Hep B</td>
<td>2</td>
<td>3 (1)</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>HIB</td>
<td>2 or 3 (3)</td>
<td>1 booster after 1st birthday (4)</td>
<td>1 booster after 1st birthday (4)</td>
<td>1 booster after 1st birthday (4)</td>
</tr>
<tr>
<td>Varicella</td>
<td>3</td>
<td>1 booster after 1st birthday</td>
<td>1 booster after 1st birthday</td>
<td>1 booster after 1st birthday</td>
</tr>
<tr>
<td>PCV</td>
<td>3</td>
<td>1 booster after 1st birthday</td>
<td>1 booster after 1st birthday</td>
<td>1 booster after 1st birthday</td>
</tr>
<tr>
<td>Hep A</td>
<td>1 dose after 1st birthday (1,5)</td>
<td>1 dose after 1st birthday (5)</td>
<td>2 doses given 6 months apart (5)</td>
<td>2 doses given 6 months apart (5)</td>
</tr>
<tr>
<td>Influenza</td>
<td>1 or 2 doses (6)</td>
<td>1 or 2 doses (6)</td>
<td>1 or 2 doses (6)</td>
<td>1 or 2 doses (6)</td>
</tr>
</tbody>
</table>

(1) Information is being gathered for survey purposes; children in this age group are not necessarily out of legal compliance if the number of doses described are not met.

(2) Laboratory confirmed immunity also acceptable.

(3) A complete primary series is 2 doses of PedvaxHIB or 3 doses of ActHib or Pentacel.

(4) As a final booster dose if the child completed the primary series before age 12 months. Children who received the first dose of HIB on or after 12 months of age and before 15 months of age are required to have 2 doses. Children who received the first dose of HIB on or after 15 months of age are required to have only one dose.

(5) Hepatitis A is required for all children born on or after January 1, 2009.

(6) Two doses in the same flu season are required for children who have not previously received an influenza vaccination, with a single dose required during subsequent seasons.

### Vaccines:

<table>
<thead>
<tr>
<th>Vaccines:</th>
<th>Brand Names:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP-IPV-HIB</td>
<td>Pentacel</td>
</tr>
<tr>
<td>DTaP-HIB</td>
<td>TriHib</td>
</tr>
<tr>
<td>HIB-Hep B</td>
<td>Comvax</td>
</tr>
<tr>
<td>DTaP-IPV-Hep B</td>
<td>Pediatrix</td>
</tr>
<tr>
<td>MMRV</td>
<td>ProQuad</td>
</tr>
<tr>
<td>PCV7</td>
<td>Prevnar</td>
</tr>
<tr>
<td>PCV13</td>
<td>Prevnar 13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccines:</th>
<th>Brand Names:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP/DTaP/DT</td>
<td>Kinrix</td>
</tr>
<tr>
<td>Polio</td>
<td>Havrix or Vaqta</td>
</tr>
<tr>
<td>MMR</td>
<td>Varicella</td>
</tr>
<tr>
<td>Hep B</td>
<td>Varivax</td>
</tr>
<tr>
<td>HIB</td>
<td>ActHib, PedVaxHib or Hiberix</td>
</tr>
<tr>
<td>PCV7</td>
<td>Flumist, Fluarix, Fluzone, Fluviron, or Flulaval</td>
</tr>
</tbody>
</table>

This appendix was created to accompany the child care immunization survey. Please use the "CT Immunization Requirements Schedule for Day Care, Family Day Care, and Group Day Care Homes" to determine whether a child is in legal compliance with required immunizations.
<table>
<thead>
<tr>
<th>Child's Name or ID</th>
<th>Date of Birth</th>
<th>Exemption</th>
<th>DTaP</th>
<th>Polio</th>
<th>MMR</th>
<th>Hep B</th>
<th>HIB</th>
<th>Varicella</th>
<th>PCV</th>
<th>Hep A</th>
<th>Immunization Req'ts Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Religious</td>
<td>Medical</td>
<td>A</td>
<td>NC</td>
<td>A</td>
<td>NC</td>
<td>A</td>
<td>NC</td>
<td>A</td>
<td>NC</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Exemptions:**
Medical or religious exemptions must be part of the child’s immunization history. Medical exemptions must be consistent with national guidelines. If a child has an exemption, do not count them in any other category except religious or medical exemption even if they have received previous immunizations. For further information, contact Immunization Program at 860-509-7929.

**Adequately Immunized for Age (A):**
This category applies to those children who are attending child care center/preschool/head start and have received the minimum number of doses of each vaccine as defined in Appendix A.

**Not Complete (NC):**
Does not meet Adequately Immunized requirements.

**Vaccines:**
- DTaP: diphtheria-tetanus-acellular pertussis; combinations include DTaP-IPV-Hib, DTaP-Hib, DTaP-IPV-Hep B, and DTaP-IPV
- Polio (OPV or IPV) combinations include DTaP-IPV-Hib, DTaP-IPV-Hep B, DTaP-IPV
- MMR: measles-mumps-rubella; combinations include MMRV
- Hep B: hepatitis B; combinations include Hep B-Hib, DTaP-IPV-Hep B
- HIB: Haemophilus influenzae type b; combinations include, DTaP-Hib, Hep B-Hib, DTaP-IPV-Hib
- Varicella combinations include MMRV
- PCV: Pneumococcal Conjugate Vaccine (PCV7 or PCV13)

**Revised 10/30/2013**
### Influenza Worksheet 2013

**Daycare Center:**

<table>
<thead>
<tr>
<th>Child Name or ID</th>
<th>Medical Exemption</th>
<th>Religious Exemption</th>
<th>Influenza (flu)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Flu Only</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>All Vaccines</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NC</td>
</tr>
</tbody>
</table>

**Exemptions:**

Medical or religious exemptions must be part of the student’s immunization history. Medical exemptions must be consistent with national guidelines. If a student has an exemption, do not count them in any other category except religious or medical exemptions even if they have received previous immunizations. For further information, contact Immunization Program at 860-509-7929.

**Adequately Immunized (A):**

This category applies to all children who were 6-59 months of age by December 31, 2013 and received at least 1 dose of influenza vaccine between July 1, 2013 and December 31, 2013.

**Not Complete (NC):**

Does not meet Adequately Immunized requirements

Subtotal for page: [space for subtotals]