

Georgia Immunization Requirements for School and Childcare Attendance

Jennifer Poole Ross / Melbernita Herndon Adapted from Georgia Department of Public Health (DPH)

HEALTHY. PROTECTED. PREPARED.

www.gnrhealth.com



Financial Disclosure

None of the planners for this activity have any relevant financial relationship(s) to disclose with ineligible companies.





Immunization Requirements for School and Childcare Attendance



HEALTHY. PROTECTED. PREPARED.

www.gnrhealth.com

School and Childcare Assessment Goal

Vaccines work

Immunization laws work

• Partnerships work



www.gnrhealth.com

HEALTHY. PROTECTED. PREPARED.

School and Childcare Requirements

- Georgia law requires children attending a school or childcare facility to be protected from certain vaccine-preventable diseases.
- The Official Code of Georgia (§ 20-2-771) states, "No child shall be admitted to or attend any school or facility in this state unless the child shall first have submitted a certificate of immunization to the responsible official of the school or facility."
- The immunization requirements for school and childcare facility attendance are outlined in the Georgia Certificate of Immunization (Form 3231) and the Policy Guides 3231INS and 3231REQ.
 - Childcare facility operators, school personnel, healthcare providers and parents are responsible for seeing that these rules and laws are enforced.

Requirements for Physicians and Public Health Clinics

- Know the current legal requirements for attendance and accurately complete the Form 3231
- Administer immunizations according to the current CDC Recommended Childhood and Adolescent Immunization Schedule
- Report the occurrence of any diseases listed on the "Notifiable Disease List"
- Report any adverse event following the administration of a vaccine to VAERS

School and Childcare Requirements

- The immunization records of children enrolled in Head Start programs, pre-kindergarten programs and childcare facilities will be assessed by public health at least once a year.
- Public health or school officials will perform an assessment of kindergarten, 7th and 11th grade immunization records at least once a year.

Requirements for Schools and Childcare Facilities

- Review the immunization certificates for validity prior to accepting
- Develop a system for immunization certificate management
- Have immunization certificates available for inspection and audit by health officials
- Report the occurrence of any disease listed on the "Notifiable Disease List"

Tickler Filing System

- Set up by month and year
- Parent reminders
- Summary of GA immunization requirements
- Document follow-up
- Enforce requirements

Filing of Immunization Certificates

- Certificates must be placed in a binder with a current roster of the students.
- Roster must be sorted A-Z by legal last name, followed by legal first name, and date of birth. This information must match the immunization certificate.
- File the certificates A-Z by last name
- Send a copy of the certificate to the new school/facility



Immunization Certificates

Form 3231 and Form 2208

HEALTHY. PROTECTED. PREPARED.

www.gnrhealth.com

CERTIFICATE OF IMMUNIZATION

Child's Name (Last o (Optional) Parent/Gu Unless specifically one certificate on file for ea Georgia with paralities immunization requirem 3231REQ distributed by	uardiar mpted ich chill for faik wents by	h Nam by law d in att ure to c	e (La Geor condar compl	ist na ince in ly. Det	w (O.C.) any sol ailed in ut in po	G.A.	5 20-2 or chi tions	-771) Id can for th	a facil is form	es a ity in n and	((No	ite of f at require writew of mplian d	ad imm medica	unizatio	on (Comp utilis re ND mu Comp utilis re	iete F squirem si have lete F squirem si have	or 7th arts K th Tdap art	through Gt a through Gt ad MCV4	(FIII) te and I	radie oquirems in X) i Gradi nad. in X) higher	
VACCINE		DATE		1	DATE		1	DATE			DATE			DATE			DATE		al Dones	Dignosed	+ ABaque	Hatory	Med Exemption
	MM	DD	YY	MM	DD	20.00	1000	DD	100	MM	1.1.1	YY	and a state of the		YY	MM		YY	Total	đ	N.	Ŧ	Fixer
	1	<u>.</u>		8	Requi		vac	care:		June							•	3		1			î –
DTP,DTaP,DT,Td	-								<u> </u>					_		<u> </u>		<u> </u>	0	-			-
Polio		1				£	. 3				£		100		1		3.3		0		-	2	-
Hepatitis B		0.0				Î.			Ĩ		Î.	Č.	1		Ī		Č. Č		0				
Tdap									f I			-		-	ř		-	-	0				
MCV4		5								/									0				
(Under Age 5)	-											100			Ê			Î.	0				
PCV (Under Age 5)											-								0	1			
Measles			1	1		ĵ.	. 0		Ĕ		Î		1		Î.		Č.	Î	0				
Mumps		1	1	1	² 1	2		- 3	î î			22	1.1	8	Ť I		2	1	0				
Rubella	2			Ĩ.			È I		Ē		J.	L.	Î.						0			Ű.	
(Born on/after 1/1/06)			i		1				i		2	8	1		Î			i	0				
Varicella			1									Š.			1			1	0	j.	Ĵ.	Į.	
					R	leco	mme	ende	d Va	ccine	s (Fo	r in	forma	ntion	Onl	y)							
Rotavirus		6.3		1	I.				1			1	1					Î.	0				
HPV									1	0	i i							1	0				
influenza		1		1					ľ –				1					Ĩ	0				
Td (booster)					Ē				1		ě—	Š.						1	0				
Men-B					Ĩ	8			Î	0	8		÷.		Ĩ.			Ĭ	0				

Notes:

A licensed Georgia physician, Advanced Practice Registered Nurse, Physician Assistant, qualified employee of a local Board of Health or the State Immunization Office is responsible for the content of this certificate. All datas must include month, day and year. In cases of natural immunity or Medical Exemption, the 4 digit year of infection, test or exemption must be filed in the appropriate bookes).

In the appropriate bookes). The cortificate is NOT valid without name and birthdate of the child, date of expiration OR "X" in Complete for School Altendance box, legible name and address of the physician, Advanced Practice Registered Narse, Physician Assistant or health department, certified by signature and a date of issue.

A scholo or facility official is responsible for keeping a current valid cartificate on file for each child in attendance. A cortificate must be replaced within 30 days after expiration. When a child leaves or transfers to another facility, the Cartificate of Immunization should be given to a parent/guardian or sent to the new facility. Printed, Typed or Stamped Name, Address and Telephone # of Licensed Physician or Health Department

Certified by (Signature/Signature Stamp) Date of Issue

www.gnrhealth.com

HEALTHY. PROTECTED. PREPARED.

PRINTED BY GEORGIA IMMUNIZATION REGISTRY (GRITS)

Certificate of Immunization (Form 3231)

- Printed from the Georgia Registry of Immunization Transactions and Services
- Printed from the provider's medical record system
- Handwritten on the state printed and approved certificate

Form 3231

- Certificate on file at each facility or school
- Photocopies acceptable
- A licensed Georgia physician, APRN, PA or public health department official is responsible for completing the certificate
- Only physician offices and public health clinics can obtain blank certificates

Valid Certificates (Form 3231)

- Child's name
- Birthdate
- Name and address of a Physician or health department official
- Certified Signature a Physician, APRN or PA licensed in GA; or a public health department official
- Date of Issue

Form 3231 Expiration Date

- Expires on the date printed as "Date of Expiration"
- Must be replaced with a current certificate within 30 days
- Required for all children thru 16 years of age who have not completed:
 - K through 6th grade requirements,
 - \odot 7th through 10th grade, and
 - o 11th grade or higher requirements
- Required if a medical exemption for a vaccine(s) is marked

Complete for School Attendance

- Complete For K through 6th Grade
 - At least 4 years of age
 - Meet all vaccine requirements as outlined in the Policy Guide 3231REQ
- Complete For 7th through 10th Grade
 - At least 10 years of age
 - Meet all vaccine requirements as outlined in the Policy Guide 3231REQ
- Complete For 11th Grade and Higher
 - At least 16 years of age
 - Meet all vaccine requirements as outlined in the Policy Guide 3231REQ

Policy Guide 3231REQ Vaccine Requirements for Attending Facilities and Schools in Georgia Relative to the Certificate of Immunization (Form 3231)

Required Doses for Attendance in Facilities and Schools For Children Who Started Immunizations Before Age 7 Years*

Required Vaccines with footnote numbers in []	2 Months of Age	4 Months of Age	6 Months of Age	12 Months of Age	15 Months of Age	18 Months of Age	24 Months of Age	4-6 Yrs.* (School Entry)	Total Doses Required** For Checking Complete For School Attendance Box on Immunization Certificate
[1] DTP, DTaP, DT	1	2	3		4			5	4 or 5 (See Footnote [1])
[2]Hepatitis B	1	2			3				3 (See Footnote [2])
[3]Hib PRP-T or	1	2	3	4	1				N/A for school (See Footnote [3])
[3]Hib PRP-OMP	1	2			3				N/A for school (See Footnote [3])
[4]Polio	1	2			3			4	3 or 4 (See Footnote [4])
[5]MMR					1			2	2 (See Footnote [5])
[6] Varicella					1			2	2 (See Footnote [6])
[7] PCV	1	2	3	4	1				N/A for school (See Footnote [7])
[8] Hepatitis A					1		2		(See Footnote [8])

*These requirements were established in accordance with the current Recommended Childhood and Catch-Up Immunization Schedules, United States. (See references on reverse side.) Georgia requirements for Kindergarten (5 years) include doses indicated for 4-6 years.

**Children who are behind schedule may attend while in the process of completing the requirements with minimum intervals as indicated below.

Minimum Ages For Initial Immunization And Minimum Intervals Between Doses

2] Hepatitis B birth 1 month See Footnote [2] N/A N/A Don't restart any series, no matter how long since the previous dose. Doses given ≤ 4 days since the previous dose. Doses given ≤ 4 days 3]Hib(Primary Series) 6 weeks 1 month 1 month See Footnote [3] N/A before the minimum age or the minimum age	Vaccine	Minimum Age For	Minimum interval	Minimum interval	Minimum interval	Minimum interval	With respect to these intervals, 1 month
2] Hepatitis B birth 1 month See Footnote [2] N/A N/A Don't restart any series, no matter how long since the previous dose. Doses given ≤ 4 days since the previous dose. Doses given ≤ 4 days 2] Hepatitis B 6 weeks 1 month 1 month See Footnote [3] N/A N/A before the minimum age or the		For First Dose	from dose 1 to 2	from dose 2 to 3	from dose 3 to 4	from dose 4 to 5	is a minimum of 4 weeks or 28 days.
3]Hib(Primary Series) since the previous dose. Doses given ≤ 4 days PRP-T (ActHIB) 6 weeks 1 month 1 month See Footnote [3] N/A before the minimum age or the minimum PRP-OMP (Pedvax) 6 weeks 1 month See Footnote [3] N/A N/A before the minimum age or the minimum PRP-OMP (Pedvax) 6 weeks 1 month See Footnote [3] N/A N/A interval may be counted as valid. Two 4] Polio 6 weeks 1 month N/A N/A N/A different live vaccines must be given on the 5] MMR 12 months 1 month N/A N/A N/A same day or spaced at least 28 days apart. 6] Varicella 12 months 3 months N/A N/A N/A 7] PCV 6 weeks 1 month See Footnote [7] N/A	1] DTP/DTaP (DT)	6 weeks	1 month	1 month	6 months	See Footnote [1]	
PRP-T (ActHIB) 6 weeks 1 month 1 month See Footnote [3] N/A before the minimum age or the minimum PRP-OMP (Pedvax) 6 weeks 1 month See Footnote [3] N/A N/A interval may be counted as valid. Two (4) Polio 6 weeks 1 month See Footnote [3] N/A N/A different live vaccines must be given on the (5) MMR 12 months 1 month N/A N/A N/A same day or spaced at least 28 days apart. (6) Varicella 12 months 3 months N/A N/A N/A N/A (7) PCV 6 weeks 1 month 1 month See Footnote [7] N/A N/A	2] Hepatitis B	birth	1 month	See Footnote [2]	N/A	N/A	Don't restart any series, no matter how long
PRP-OMP (Pedvax) 6 weeks 1 month See Footnote [3] N/A N/A interval may be counted as valid. Two 4] Polio 6 weeks 1 month 1 month See Footnote [4] N/A different live vaccines must be given on the 5] MMR 12 months 1 month N/A N/A N/A same day or spaced at least 28 days apart. 6] Varicella 12 months 3 months N/A N/A N/A N/A 7] PCV 6 weeks 1 month 1 month See Footnote [7] N/A N/A	3]Hib(Primary Series)						since the previous dose. Doses given ≤ 4 days
4] Polio 6 weeks 1 month 1 month See Footnote [4] N/A different live vaccines must be given on the 5] MMR 12 months 1 month N/A N/A N/A same day or spaced at least 28 days apart. 6] Varicella 12 months 3 months N/A N/A N/A N/A 7] PCV 6 weeks 1 month 1 month See Footnote [7] N/A	PRP-T (ActHIB)	6 weeks	1 month	1 month	See Footnote [3]	N/A	before the minimum age or the minimum
5] MMR 12 months 1 month N/A N/A N/A same day or spaced at least 28 days apart. 6] Varicella 12 months 3 months N/A N/A N/A N/A 7] PCV 6 weeks 1 month 1 month See Footnote [7] N/A	PRP-OMP (Pedvax)	6 weeks	1 month	See Footnote [3]	N/A	N/A	interval may be counted as valid. Two
Image: Margin bit is a state of the state of th	4] Polio	6 weeks	1 month	1 month	See Footnote [4]	N/A	different live vaccines must be given on the
7] PCV 6 weeks 1 month 1 month See Footnote [7] N/A	5] MMR	12 months	1 month	N/A	N/A	N/A	same day or spaced at least 28 days apart.
	6] Varicella	12 months	3 months	N/A	N/A	N/A	
8] Hepatitis A 12 months 6 months	7] PCV	6 weeks	1 month	1 month	See Footnote [7]	N/A	
	8] Hepatitis A	12 months	6 months				

www.gnrhealth.com

Required Vaccines	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4-6 yrs	5-6 yrs of age Total Doses Required for School Entry
DTP, DT, DTaP	1	2	3		4			5	4 or 5 (if 4 th dose given on or after 4 th birthday, 5 th dose is not needed)
Нер В	1	2			3				3
Hib (ActHIB, Hiberix, or Pentacel)	1	2	3	4	1				Required for
or Hib *(PedvaxHIB)	1	2		3	3				Child Care and Pre-K only
**Polio	1	2		3	3			4	3 or 4 (4 th dose of polio on or after 4 th birthday required for children born on or after 1-1-06)
***MMR				1	1			2	2
Varicella				1	1			2	2
PCV	1	2	3	4	4				Required for Child Care & Pre-K only
Нер А					1		2	2	2 Required for children born on or after 1-1-06

Required Number of Doses for Children Who Started Immunizations before Age 7 Years

*If PedvaxHIB is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

**The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose. If 4 doses are administered prior to age 4 years a fifth dose should be administered at age 4 through 6 years. (MMWR 2009; 58(30) :829-30).

***State requirement is for 2-doses each of measles and mumps, and 1 dose of rubella vaccine. Second dose may be given before age 4 years, provided at least 4 weeks have elapsed since first dose.

Required Vaccines	First Visit	1 Mo After 1 st Dose	1 Mo After 2 nd Dose	1 Mo After 3 rd Dose	4 Mo After 1 st Dose	6 Mo After Previous Dose	Total Doses Required
Hep B	1	2			3		3
**Polio	1	2	3			3 or 4	3 or 4
***MMR	1	2					2
Varicella	1	2					2
****Tdap/Td	1(Tdap)	2(Td/Tdap)				3(Td/Tdap)	3
*****MenACWY	1 (11-12 yrs)	1 (≥16 yrs)					2

Required Number of Doses for Children Who Started Immunizations after Age 7 Years

*If child received 2 doses of adult Recombivax-HB 10 mcg between the ages of 11-15 yrs. and the doses are separated by at least 4 months, a 3rd dose is not needed.

** The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose. A 4th dose is not necessary if the 3rd dose was administered at age 4 years or older and at least 6 months after the previous dose.

*** State requirement is for 2-doses each of measles and mumps, and 1 dose of rubella vaccine.

****State requirement is for 1-dose of Tdap booster for 7th grade entrance; Td or Tdap is recommended for remaining additional doses to complete series. DTaP given at age 7 through 9 years may count as part of the catch-up series. An inadvertent dose of DTaP given at age 10 through 18 years can count as the adolescent Tdap booster dose.

***** State requirement is for 1-dose of MenACWY for 7th grade entrance and 1-dose for 11th grade entrance on or after 16th birthdate; minimum 8-week interval between doses.

Exemptions

Medical

- o Certain medical condition or physical disability
- $_{\odot}\,$ Documented in the medical exemption box on Form 3231
- Reevaluated every 12 months

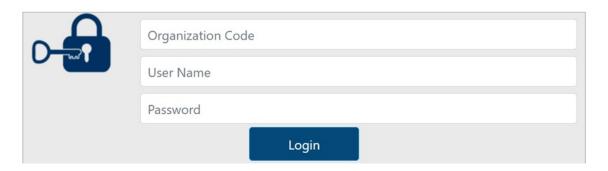
Religious

- Documented on Form 2208 (Affidavit of Religious Objection to Immunization)
- $\,\circ\,$ Form kept on file by the school or facility in lieu of a Form 3231
- \circ Does not expire

GA Registry of Immunization Transactions & Services



Before you login, click here for an overview of "What's new with GRITS?"



HEALTHY. PROTECTED. PREPARED.

www.gnrhealth.com

Breakdown of Immunization Assessment

The number of children for each category is recorded:

- Enrolled
- Valid current certificates
- Religious exemptions
- Medical exemptions
- Current 30-day waivers
- Expiration dates in the future or \leq 30 days expired
- Certificates marked "complete" but missing required doses
- No documentation on file
- Certificates > 30 days expired

Immunization Assessment

- When the certificates are reviewed, 100% of children attending the childcare facility / school must have appropriate immunization documentation to meet the requirements of the law.
- Follow-up must be conducted within 30 days after the initial year's audit.
- Noncompliant childcare facilities will be reported to the Georgia Department of Early Care and Learning (DECAL).
- Noncompliant schools will be punished a fine for each noncompliant student or imprisonment.

Immunization Assessment Schedule

Childcare Facilities

 $\circ \mbox{Childcare}$ and $\mbox{Pre-K}$

Conducted by health department staff annually January–July

Facility must maintain immunization binder year round

Private and Public Schools

○Kindergarten, 7th and 11th Grades

➢Conducted by health department staff August–December

School must maintain immunization binder year round



Resources

- DPH immunization website
 - o https://dph.georgia.gov/immunization-section
- GRITS Help Desk
 - o dph-gaimmreg@dph.ga.gov or (866) 483-2958
- CDC website
- Children's Healthcare of Atlanta (CHOA)
 - https://www.choa.org/medical-professionals/school-health-resources/education
 - https://www.choa.org/medical-professionals/school-health-resources
- GNR Public Health
 - Immunization Program
 - o Epidemiology: (770) 339-4260 and ask to speak to the "Epi on Call"



GNR Immunization Contacts

District Office : 770-339-4260

Fax:1-866-422-9115

Veronica Brown, Immunization Coordinator, Ext. 424 Melbernita Herndon, Immunization Program Operations Analyst, Ext. 138 Khatera Wafa, Immunization Service Rep, Ext. 423

Newton County Health Department : 770-786-9086Fax: 866-471-6978Terra Wiley, Customer Service Rep Manager, Ext 352

Rockdale County Health Department:770-785-4345FaTamiko Cobb, Customer Service Rep. Ext. 705

Fax: 866-299-7339

PREPAREDNESS