Feedback Summary of the November 3, 2015 Community Forum

Thirty-three participants, including five board members and seven staff, attended the November community forum in Vancouver.

School board members, superintendents, principals, and advocates attended the forum. The notes below are collected from board members' notes and one feedback forms. Because many who attended the forum were administrators and school board members, the subjects of discussion centered on meeting requirements and the complex needs of school districts. Many expressed concerns about the following topics (bold and bold underlined items indicate high relative frequency):

School administration

- **Districts are balancing scheduling, kids' medical situations (vaccines), and more**
- **Meeting 24-credit graduation requirements**
- **Teacher shortage – challenges with recruiting**
- Substitute shortage
- State policies create additionally complex school management
- Alternative Learning Experience schools – funding and measuring – is difficult

Racial Equity:

- **Work to better serve needs of kids with diverse backgrounds**

Assessments:

- **Recommend high standards on Smarter Balanced Assessments**
- Stop adding new assessments

School funding:

- Keep pushing on McCleary

If you have questions about this feedback summary or future community forums or outreach efforts, please contact Stefanie Randolph, Communications Manager, at Stefanie.randolph@k12.wa.us

TO: WA State Board of Education

From: Karl Kanthak, Mt Pleasant School District (Communicating as a private person)

RE: Potential Unintended Consequences of HB 2009, Restrictive "California Style" Vaccine Exemption Restriction Legislation.

Dear Board Members,

I am speaking and submitting this information to alert you to a possible "unintended consequence" that could result in Washington Schools if the Washington Legislature passes a bill eliminating Personal Belief Exemptions (PBE's) to vaccine requirements, or even all non-medical exemptions. HB2009 type legislation would bar any child using a PBE from attending school.

Mt. Pleasant is a very small, single school, 50 to 60 student district for whom every FTE is a critical component of our budget. It is my concern that if HB 2009 or a similar bill is enacted it will harm our district, and many other small districts where every FTE is counts, without any corresponding increase in the safety or health of our students.

This information is strictly concerning the policy of vaccination, and does not address the practice of vaccination other than to acknowledge that because almost all vaccines today are injected they are by definition an invasive medical procedure and therefore subject to the risks of any other medical procedures that introduce pharmaceuticals into the body by injection. They are not harmless.

Bill supporters are claiming that reducing or eliminating Personal Belief Exemptions is critical to protect the children in our schools and communities. They paint a picture of under-informed or misinformed parents rejecting vaccination wholesale, or selfish parents shifting all risk of vaccination onto others while "free-riding" in the herd. They hold that any and all Personal Belief Exemption usage is frivolous, unnecessary and unwarranted.

My firsthand experience with parents who use PBE exemptions completely negates this characterization. The PBE use I see is thoughtful and considered.

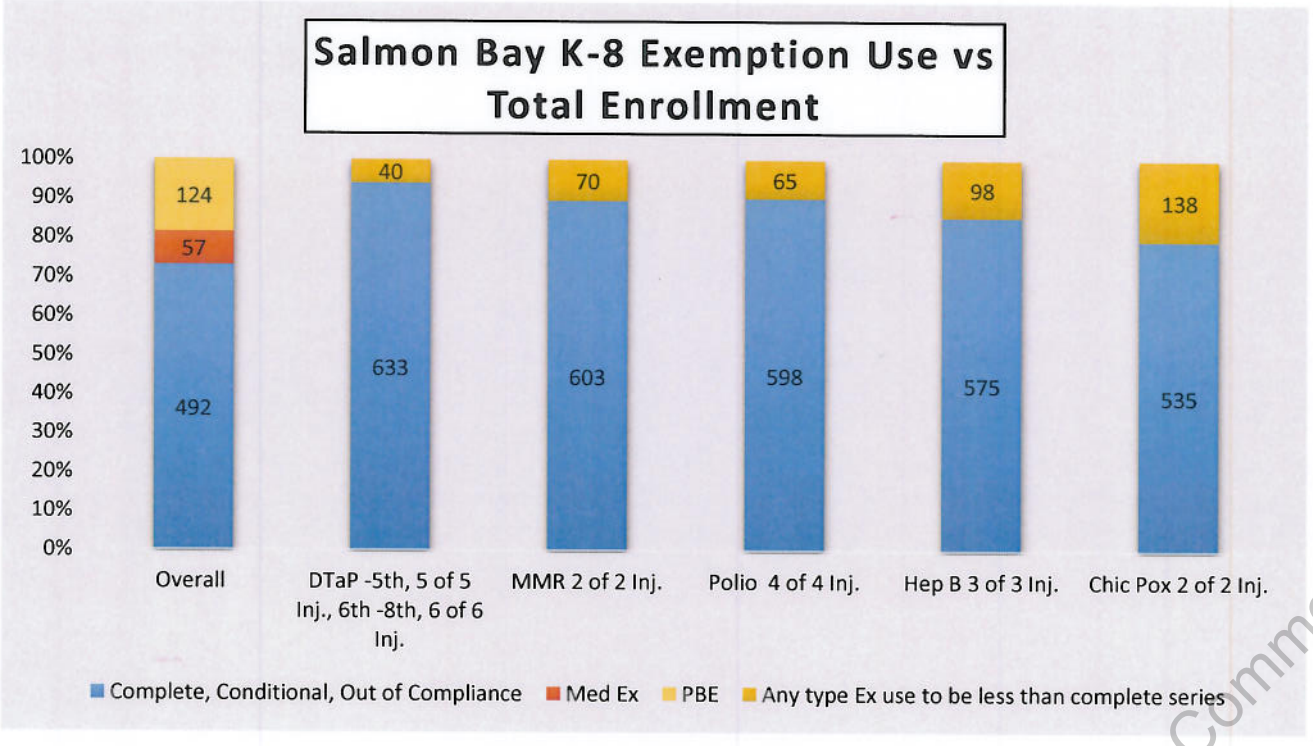
The problem with this type of legislation is that most people think "Exempt", means, 'Unvaccinated", when this is very rarely the case, particularly here in Washington.

Washington requires 16 injections, in 5, 2 to 5 injection vaccine series, for Kindergarten entry. 9 additional injections are needed for Child Care and Preschool, and a TDaP is required in 6th grade. A child who attends state licensed facilities from birth through High School is subject to 25 injections. For this discussion I will be concentrating on the 17 injections for K-12 enrollment.

An exemption is needed to miss any single injection in any series. The tracking of exemption use makes no distinction between a child who has 16/17 injections, and 0 of 17 injections, both are called, "exempt", and often mistakenly considered either mostly or completely "unvaccinated".

Almost no children have zero vaccines. Most exemption use is to avoid a follow up injection of a vaccine that a parent feels caused an unacceptable reaction in their child, or to opt out of the newer Hepatitis B vaccine, which is not transmissible in the school setting, or Chicken Pox. Exemption use is varied, and few children are "blanket exemptors"

As an example let's look at one of the "worst" schools in the Seattle Public Schools. Salmon Bay alternative K-8 has an "18.56%" PBE exemption rate, and a Medical Exemption rate of "8.5%", but the combined total exemption rate is 24.1% because some of the children use both types- remember an exemption is needed to opt out of any single injection of the 17 in the five series. Are almost 25% of this schools 677 children mostly or completely "unvaccinated"? No, not even close. WA DOH tracks all type exemption usage by vaccine series (no breakout from PBE vs ME). Only 40 of the 638 children use any type of exemption- PBE and Medical combined- to be less than 5 of 5 DTaP K-5th grade, or 6 of 6 injections 6th – 8th grade. 633 of the 677 (93.5%) of the children are fully complete for Diphtheria, Pertussis, and Tetanus.



At the other end of the spectrum the most exempted vaccine series is Chicken Pox, where 138 of the 677 (20.3%) children use an exemption to be less than 2 of 2 injections. 10 years ago this vaccine was not required and would not be included when figuring Exemption rates. 20 years ago this school would have had zero complete for Chicken Pox because the vaccine was not yet licensed.

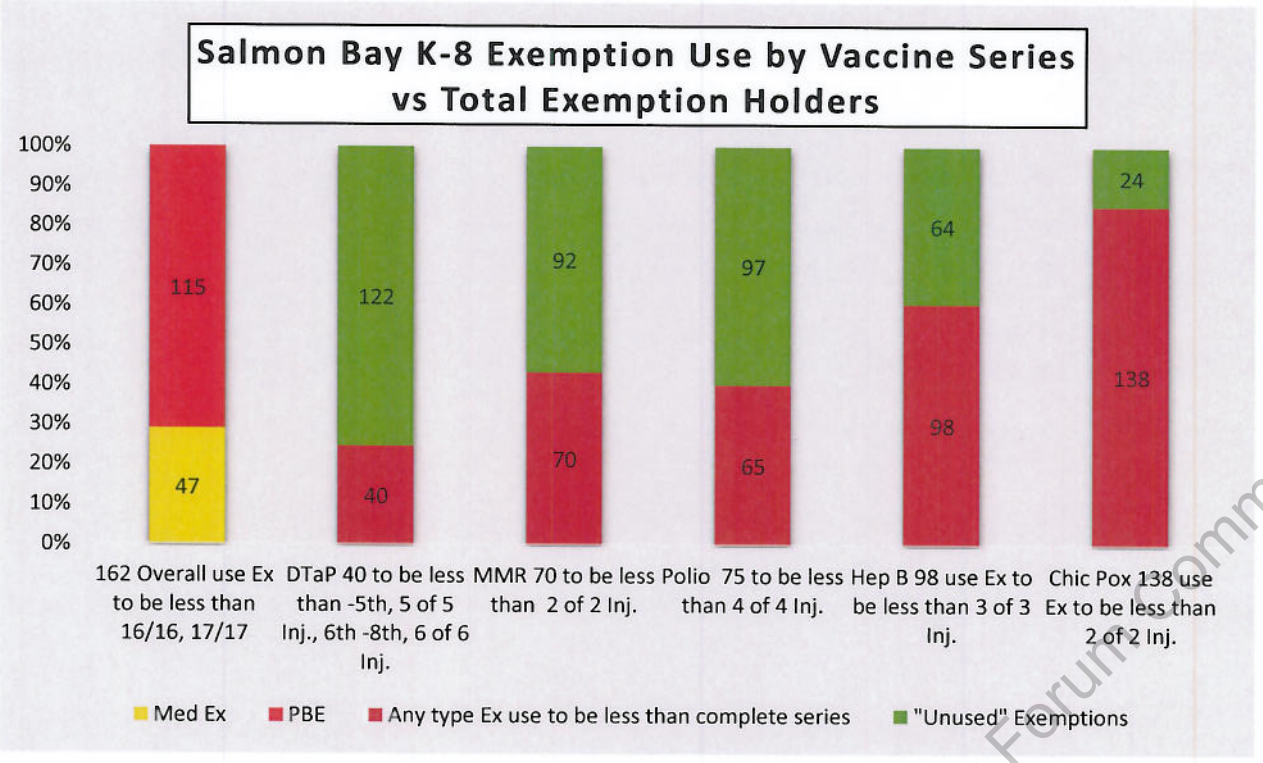
There is a 345% differential between the DTaP series exemptions (40), and the Chicken Pox series exemptions, (138). If the characterization by HB 2009 type legislation proponents about exemption use and the parents who use them is accurate, shouldn't every vaccine series be exempted at least the 124 PBE? Does this distribution of exemption use look irrational and ill-considered? Or does it look like families are thoughtfully using the exemption program to tailor the schedule to individual needs?

Comparing exemption rates by vaccine series we see that 40 children are exempting from ONLY the Chicken Pox vaccine. 68 are exempting from ONLY the Hepatitis B vaccine and the Chicken Pox vaccine.

The most exempted vaccine is for Chicken Pox, an infection that was considered routine until the vaccine was developed. The next most exempted vaccine series is for Hepatitis B, a blood borne infection with an at school transmission risk so low a known Hep B positive child is allowed unrestricted, medically confidential school attendance. Is either of these trends a threat large enough to the school to warrant barring these children?

The unintended consequence of HB 2009 type legislation is that it would withhold an education to a student for merely missing the final injection in a series, or avoiding a series selectively.

The next chart details Exemption Use vs Total Exemption Holders. The reddish bottom of the columns is the number of children using an exemption, the green is the number of "unused" exemptions. It again illustrates that there is no wholesale rejection of vaccination.



My question:

Is it the intent of the Washington State Board of Education that any child not 100% vaccinated with every dose of every series be barred from school?

If this is the intent, will there be any waivers for smaller districts, or will there be a funding offset for the loss of FTE's to small districts who lose the less than 100% vaccinated?

Will there any provision to permit districts to be less than 100% by choice?

A common assertion by HB 2009 style bill proponents is that eliminating the PBE won't affect enrollment because, "If we change the law they will just start vaccinating". However, as the data above demonstrates this is a flawed argument because for the most part they already ARE vaccinating. How can a family who is complete for everything but Chicken Pox, or Hepatitis B, or all of the schedule except the final DTaP be considered "anti-vaccination"?

No one who is exempting is doing so casually. There is tremendous pressure societally and medically to vaccinate. To use a PBE a parent must obtain the signature from an approved Health Care Provider that the Parent completed (and paid for) a face to face vaccine risk / benefit consultation. Parents cannot just "tick a box" and skip shots. These are strongly held positions.

It is my hope that the Board will see that this type of legislation is not needed or beneficial and will either oppose it, obtain amendments to soften the effect, or otherwise temper its implementation.

An HB 2009 bill would have a negative effect on our district, not only financially but educationally as well. The parents we have that use exemptions are some of the most active and beneficial members of our district. It would be a loss to the organization to have to tell them, "I am sorry Mrs. Smith, but because your child is not 16 of 16 injections you will now have to homeschool".

We recently saw an "unintended consequence" when WA DSHS added a Flu vaccination to Foster parent requirements for infants. 400 families pulled out of the program. Was the theoretical illness prevention this rule change achieved offset by losing that many families as foster providers?

Best Regards,

Karl Kanthak

This issue is being consistently misrepresented, I am going to clarify some of the main points.

Washington is very well vaccinated, at or above National averages. Toddlers:

Children Aged 19-35 Months[§] by State and Selected Area -- National Immunization Survey, United States, 2013

	3+DTaP[¶]	4+DTaP[**]	3+Polio[††]	1+MMR[§§]	3+Hib[¶¶]	Hib-PS[***]	3+HepB[§§§]
US National	94.1±0.9	83.1±1.3	92.7±1.0	91.9±0.9	92.8±0.9	93.7±0.9	90.8±1.0
Washington	95.1±3.7	79.8±7.0	93.1±4.6	93.5±3.9	94.3±3.9	94.3±3.9	89.0±5.9

http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/tables/13/tab02_antigen_iap_2013.pdf

Bill proponents are trying to represent that Kindergarten rates are low. This is false.

Kindergarten "measures" low because WA DOH only counts children with "complete" series, i.e. 5/5 DTaP, 2/2 MMR, 4/4 Polio, 3/3 Hep B, 2/2 Chicken Pox.

This is problematical because 4 of the 16 required injections are CDC scheduled between age 4 and 6.

WA enrolls Kindergarten at age 5. Some kids are still getting those last booster injections during the school year as they turn 6. WA DOH doesn't credit those children for the partial series, and instead puts them in the "Out of Compliance" column, where they can appear, 'unvaccinated'. Even though they have the proper injections for their age.

The report closes only 8 weeks after school starts which also depresses measurement.

You can see the "drop" in the rates when you compare Kindergarten to Pre-School and 6th grade, which both have 93-95% rates. The Pre-School children are still as vaccinated but show up in the "Out of Compliance" column during Kindergarten, until they get the final injections. You can see that in the 6th grade rates, which are actually reached during 1st grade when the children age into the final boosters. You can see the effect again when the 6th TDaP is measured in 6th Grade- the report closes in the beginning of the years before all the the injections are caught up.

Washington State Vaccination Coverage Report Compilation
CDC NIS 1-35 Month olds, WA DOH Kindergarten, WA DOH 6th Grade, WA DOH Statewide

Age	Any Ex	Med Ex	Per Bel Ex	Rel Ex	Dipth Tet	Pert	MMR	Polio	Hep B	Chick Pox	Out of Compliance Missing Pprwrk or Final Inject.	Cond
Pre Sch*					95.1% 3 Inj.	95.1% 3 Inj.	93.1% 1 Inj.	93.5% 3 Inj.	89.0% 3 Inj.	91.7% 1 Inj.		
Kinder**	4.5%	1.2%	3.1%	.2%	90.1% 5 Inj.	90.7% 5 Inj.	89.5% 2 Inj.	88.4% 4 Inj.	91.9% 3 Inj.	87.9% 2 Inj.	10.9%	1.8%
6th Grade **	6.7%	1.0%	5.5%	.3%	80.4% 6 Inj.	81.5% 6 Inj.	95.5% 2 Inj.	95.5% 2 Inj.	95.3% 3 Inj.	93.0% 2 Inj.	16.0% 6thTDaP due age 11-12	1.1%
K-12 100% - Any Ex % **	5.2%	1.0%	3.9%	.3%	96.8% Any Ex 3.2%	97.1% Any Ex 2.9%	96.9% Any Ex 3.1%	97.0% Any Ex 3.0%	96.9% Any Ex 3.1%	97.1% Any Ex 2.9%		

*http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/tables/13/tab02_antigen_iap_2013.pdf

**http://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/Immunization/SchoolReports/DataTables

4 of the 16 Kindergarten School attendance injections are CDC scheduled between age 4 and 6 years old. 5 year old kids are enrolled into Kindergarten, who are still within the age 4 - 6 time frame for final boosters. K Rates are incomplete because it measures children in the middle of the administration window, just after school starts.

Kindergarten Kids are still in the process of completing the vaccine injection series- K Rate measurement is too early to be accurate

Appendix A

Recommended and Minimum Ages and Intervals tween Doses of Routinely Recommended Vaccines[1,2,3,4]

	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
ussis (DTaP)-1[5]	2 months	6 weeks	8 weeks	4 weeks
	4 months	10 weeks	8 weeks	4 weeks
	6 months	14 weeks	6-12 months	6 months[6]
DTaP-4	15-18 months	15 months[7]	3 years	6 months
DTaP-5	4-6 years	4 years	—	—
Haemophilus influenzae type b (Hib)-1[6,8]	2 months	6 weeks	8 weeks	4 weeks
Hib-2	4 months	10 weeks	8 weeks	4 weeks
Hib-3[9]	6 months	14 weeks	6-9 months	8 weeks
Hib-4	12-15 months	12 months	—	—
Hepatitis A (HepA)-1	12-23 months	12 months	6-18 months	6 months
HepA-2	≥18 months	18 months	—	—
Hepatitis B (HepB)-1[5]	Birth	Birth	4 weeks-4 months	4 weeks
HepB-2	1-2 months	4 weeks	8 weeks-17 months	8 weeks
HepB-3[10]	6-18 months	24 weeks	—	—
Herpes zoster (HZV)[11]	≥60 years	60 years	—	—
Human papillomavirus (HPV)-1[12]	11-12 years	9 years	8 weeks	4 weeks
HPV-2	11-12 years (+ 2 months)	9 years (+ 4 weeks)	4 months	12 weeks[13]
HPV-3[13]	11-12 years (+ 6 months)	9 years (+24 weeks)	—	—
Influenza, inactivated (IIV)[14]	≥6 months	6 months[15]	4 weeks	4 weeks
Influenza, live attenuated (LAIV)[14]	2-49 years	2 years	4 weeks	4 weeks
Measles-mumps-rubella (MMR)-1[16]	12-15 months	12 months	3-5 years	4 weeks
MMR-2[16]	4-6 years	13 months	—	—
Meningococcal conjugate (MCV)-1[17]	11-12 years	6 weeks[18]	4-5 years	8 weeks
MCV-2	16 years	11 years (+ 8 weeks)	—	—
Meningococcal polysaccharide (MPSV4)-1[17]	—	2 years	5 years	5 years
MPSV4-2	—	7 years	—	—
Pneumococcal conjugate (PCV)-1[8]	2 months	6 weeks	8 weeks	4 weeks
PCV-2	4 months	10 weeks	8 weeks	4 weeks
PCV-3	6 months	14 weeks	6 months	8 weeks
PCV-4	12-15 months	12 months	—	—
Pneumococcal polysaccharide (PPSV)-1	—	2 years	5 years	5 years
PPSV-2[19]	—	7 years	—	—
Poliovirus, Inactivated (IPV)-1[5]	2 months	6 weeks	8 weeks	4 weeks
IPV-2	4 months	10 weeks	8 weeks-14 months	4 weeks
IPV-3	6-18 months	14 weeks	3-5 years	6 months
IPV-4[20]	4-6 years	4 years	—	—
Rotavirus (RV)-1[21]	2 months	6 weeks	8 weeks	4 weeks
RV-2	4 months	10 weeks	8 weeks	4 weeks
RV-3[22]	6 months	14 weeks	—	—
Tetanus-diphtheria (Td)	11-12 years	7 years	10 years	5 years
Tetanus-diphtheria-acellular pertussis (Tdap)[23]	≥11 years	7 years	—	—
Varicella (Var)-1[16]	12-15 months	12 months	3-5 years	12 weeks[24]
Var-2[16]	4-6 years	15 months[25]	—	—

Centers for Disease Control and Prevention
Epidemiology and Prevention of Vaccine-Preventable Diseases, 13th Edition

April, 2015

http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf

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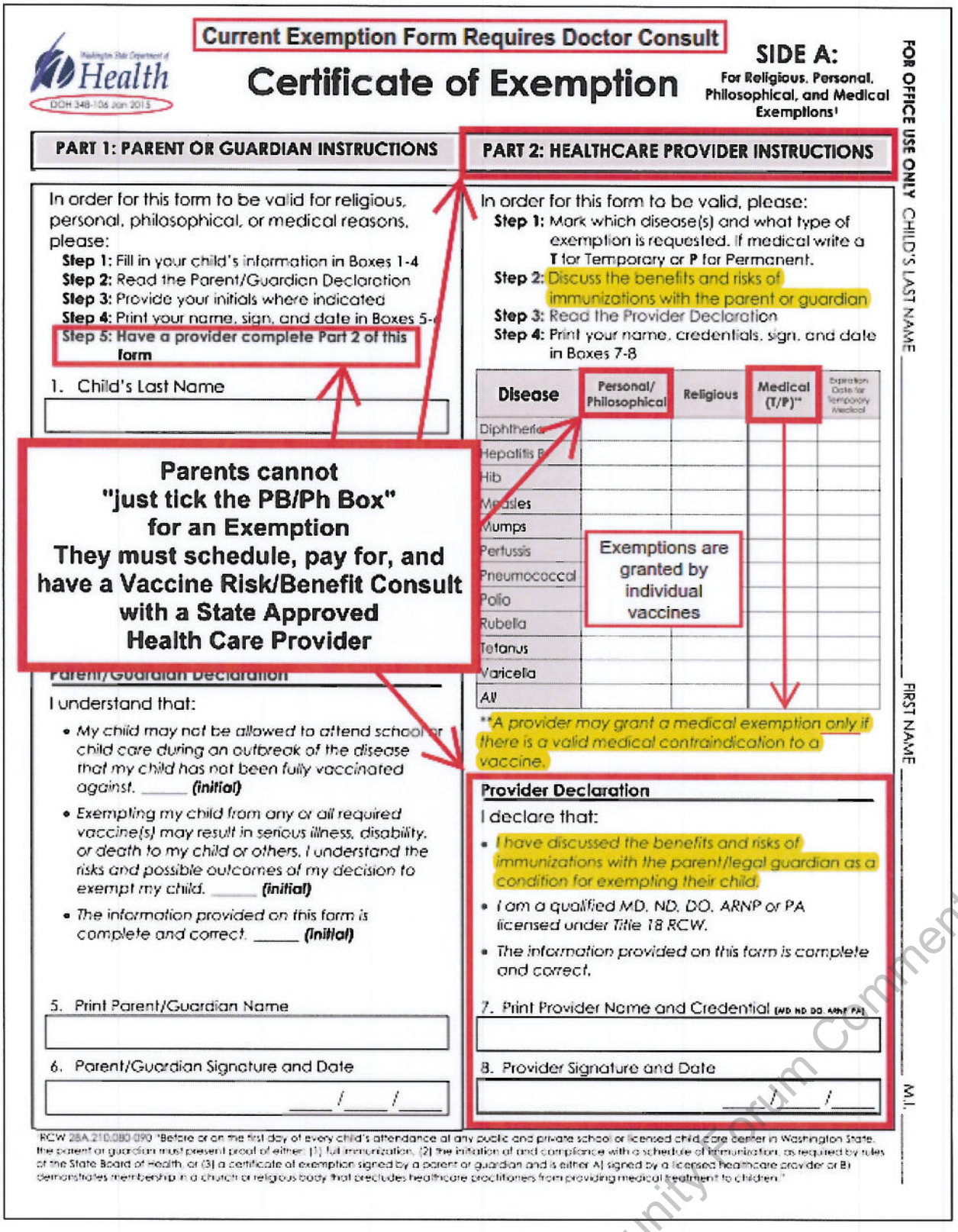


Current Exemption Form Requires Doctor Consult

Washington State Department of Health
DOH 348-106 Jan 2015

Certificate of Exemption

SIDE A:
For Religious, Personal, Philosophical, and Medical Exemptions[1]

FOR OFFICE USE ONLY CHILD'S LAST NAME ____ FIRST NAME ____ M.I. ____

PART 1: PARENT OR GUARDIAN INSTRUCTIONS

In order for this form to be valid for religious, personal, philosophical, or medical reasons, please:

Step 1: Fill in your child's information in Boxes 1-4
Step 2: Read the Parent/Guardian Declaration
Step 3: Provide your initials where indicated
Step 4: Print your name, sign, and date in Boxes 5-6
Step 5: Have a provider complete Part 2 of this form

1. Child's Last Name

Parents cannot "just tick the PB/Ph Box" for an Exemption They must schedule, pay for, and have a Vaccine Risk/Benefit Consult with a State Approved Health Care Provider

Parent/Guardian Declaration

I understand that:

- *My child may not be allowed to attend school or child care during an outbreak of the disease that my child has not been fully vaccinated against.* _____ ***(initial)***
- *Exempting my child from any or all required vaccine(s) may result in serious illness, disability, or death to my child or others. I understand the risks and possible outcomes of my decision to exempt my child.* _____ ***(initial)***
- *The information provided on this form is complete and correct.* _____ ***(initial)***

5. Print Parent/Guardian Name

6. Parent/Guardian Signature and Date ____/____/____

PART 2: HEALTHCARE PROVIDER INSTRUCTIONS

In order for this form to be valid, please:

Step 1: Mark which disease(s) and what type of exemption is requested. If medical write a **T** for Temporary or **P** for Permanent.
Step 2: Discuss the benefits and risks of immunizations with the parent or guardian
Step 3: Read the Provider Declaration
Step 4: Print your name, credentials, sign, and date in Boxes 7-8

Disease	Personal/ Philosophical	Religious	Medical (T/P)**	Expiration Date for Temporary Medical
Diphtheria				
Hepatitis B				
Hib				
Measles				
Mumps				
Pertussis				
Pneumococcal				
Polio				
Rubella				
Tetanus				
Varicella				
All				

Exemptions are granted by individual vaccines

***A provider may grant a medical exemption only if there is a valid medical contraindication to a vaccine.*

Provider Declaration

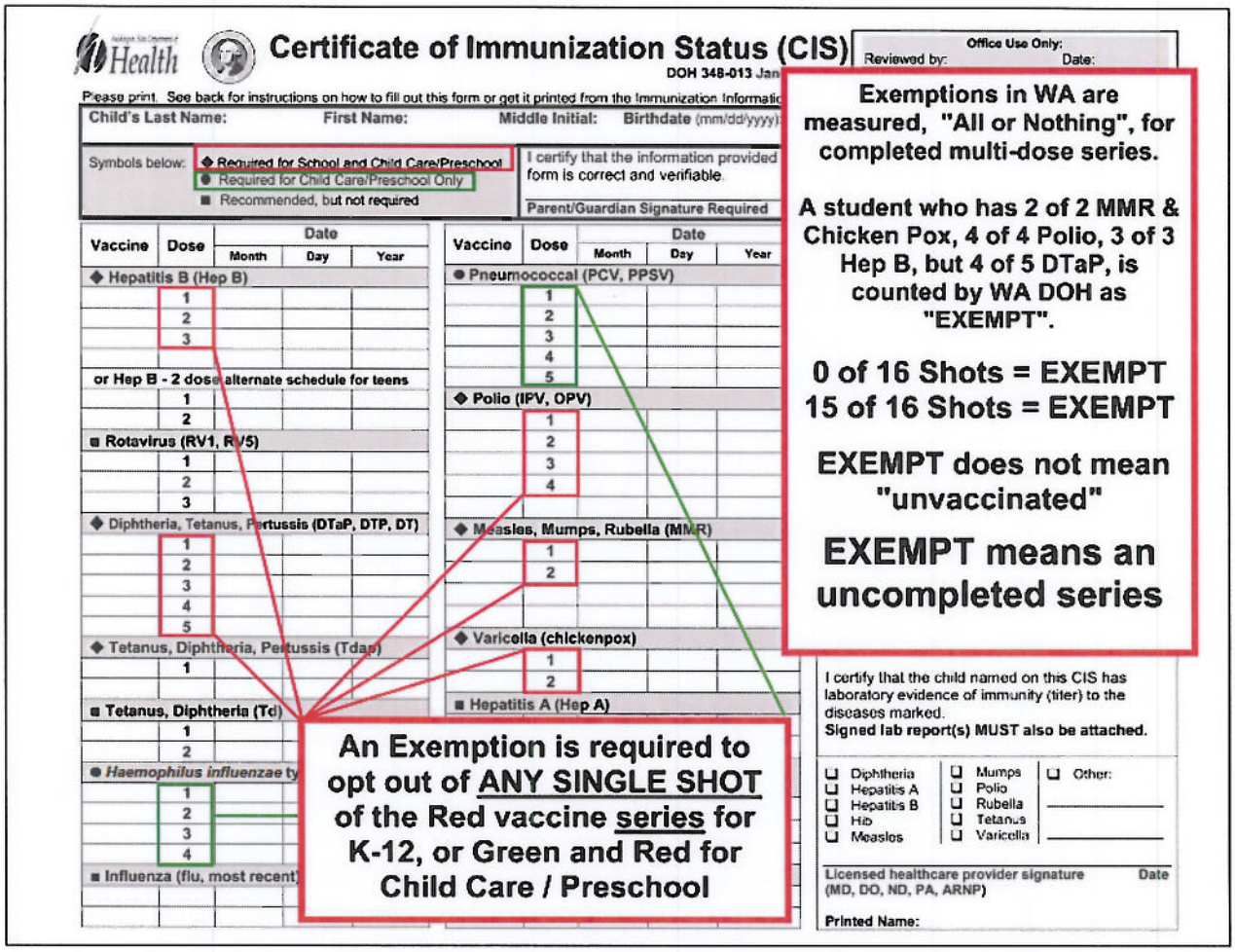
I declare that:

- *I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child.*
- *I am a qualified MD, ND, DO, ARNP or PA licensed under Title 18 RCW.*
- *The information provided on this form is complete and correct.*

7. Print Provider Name and Credential (MD ND DO ARNP PA)

8. Provider Signature and Date ____/____/____

[1]RCW 28A.210.080-090 "Before or on the first day of every child's attendance at any public and private school or licensed child care center in Washington State, the parent or guardian must present proof of either: (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the State Board of Health, or (3) a certificate of exemption signed by a parent or guardian and is either A) signed by a licensed healthcare provider or B) demonstrates membership in a church or religious body that precludes healthcare practitioners from providing medical treatment to children."



Health

Certificate of Immunization Status (CIS)

DOH 348-013 Jan

Office Use Only:
Reviewed by: Date:

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Informatic

Child's Last Name: First Name: Middle Initial: Birthdate (mm/dd/yyyy):

Symbols below:
◆ Required for School and Child Care/Preschool
● Required for Child Care/Preschool Only
■ Recommended, but not required

I certify that the information provided form is correct and verifiable.

Parent/Guardian Signature Required

Vaccine	Dose	Date Month	Day	Year
◆ Hepatitis B (Hep B)	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens	1			
	2			
■ Rotavirus (RV1, RV5)	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap)	1			
■ Tetanus, Diphtheria (Td)	1			
	2			
● Haemophilus influenzae ty	1			
	2			
	3			
	4			
■ Influenza (flu, most recent)				

Vaccine	Dose	Date Month	Day	Year
● Pneumococcal (PCV, PPSV)	1			
	2			
	3			
	4			
	5			
◆ Polio (IPV, OPV)	1			
	2			
	3			
	4			
◆ Measles, Mumps, Rubella (MMR)	1			
	2			
◆ Varicella (chickenpox)	1			
	2			
■ Hepatitis A (Hep A)				

Exemptions in WA are measured, "All or Nothing", for completed multi-dose series.

A student who has 2 of 2 MMR & Chicken Pox, 4 of 4 Polio, 3 of 3 Hep B, but 4 of 5 DTaP, is counted by WA DOH as "EXEMPT".

0 of 16 Shots = EXEMPT
15 of 16 Shots = EXEMPT

EXEMPT does not mean "unvaccinated"

EXEMPT means an uncompleted series

An Exemption is required to opt out of ANY SINGLE SHOT of the Red vaccine series for K-12, or Green and Red for Child Care / Preschool

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.
Signed lab report(s) MUST also be attached.

☐ Diphtheria ☐ Hepatitis A ☐ Hepatitis B ☐ Hib ☐ Measles ☐ Mumps ☐ Polio ☐ Rubella ☐ Tetanus ☐ Varicella ☐ Other: _____ _____

Licensed healthcare provider signature (MD, DO, ND, PA, ARNP) Date

Printed Name:

There was never a "Golden Age", in the past when Vaccine Acceptance and Vaccination rates were higher than they are today. The truth is there are more US children getting more vaccines for more infections at younger ages than ever in history!

Vaccine Coverage Levels – United States, 1962-2009

Year	DTP 3+	DTP4+	Polio 3+	MMR*	Hib3+	Var	PCV3+	HepB3+	Combined 4-3-1	Combined 4-3-1-3
1962	67.3									
1963	71.4									
1964	74.6									
1965	72.7									
1966	74.0									
1967	77.9			60.0						
1968	76.8			61.5						
1969	77.4			61.4						
1970	76.4			58.4						
1971	77.8			62.2						
1972	74.1			62.8						
1973	71.7		59.5	61.0						
1974	72.4		60.0	63.4						
1975	73.2		63.6	65.5						
1976	72.7		61.3	66.3						
1977	69.6		62.6	65.0						
1978	66.6		59.5	63.6						
1979	64.4		59.7	66.5						
1080	66.0		58.9	66.6						
1981	68.1		59.2	66.8						
1982	67.1		57.0	67.6						
1983	65.4		56.9	66.3						
1984	65.0		53.2	65.8						
1985	63.6		53.6	61.2						
1986†										
1987†										
1988†										
1989†										
1990†										
1991	68.8		53.2	82.0						
1992	83.0	59.0	72.4	82.5	28.2			8.0	68.7	55.3
1993	88.2	72.1	78.9	84.1	55.0			16.3	67.1	
1994	93.0	77.7	83.0	89.0	86.0			37.0	75.0	
1995	94.7	78.5	87.9	87.6	91.7			68.0	76.2	74.2
1996	95.0	81.1	91.1	90.7	91.7	16.0		81.8	78.4	76.5
1997	95.5	81.5	90.8	90.5	92.7	25.9		83.7	77.9	76.2
1998	95.6	83.9	90.8	92.0	93.4	43.2		87.0	80.6	79.2
1999	95.9	83.3	89.6	91.5	93.5	57.5		88.1	79.9	78.4
2000	94.1	81.7	89.5	90.5	93.4	67.8		90.3	77.6	76.2
2001	94.3	82.1	89.4	91.4	93.0	76.3		88.9	78.6	77.2
2002	94.9	81.6	90.2	91.6	93.1	80.6	40.8	88.9	78.5	77.5
2003	96.0	84.8	91.6	93.0	93.9	84.8	68.1	92.4	82.2	81.3
2004	95.9	85.5	91.6	93.0	93.5	87.5	73.2	92.4	83.5	82.5
2005	96.1	85.7	91.7	91.5	93.9	87.9	82.8	92.9	83.1	82.4
2006	95.8	85.2	92.9	92.4	93.4	89.3	87.0	93.4	83.2	82.3
2007	95.5	84.5	92.6	92.3	92.6	90.0	90.0	92.7	82.8	81.1
2008		84.6	93.6	92.1	90.9	90.7	80.1§	93.5		
2009	94.0	83.9	92.8	90.0	92.1	89.6	92.6	92.4	81.5	

Decades of 30% - 40% unvaccinated population with no epidemics

The 90% plus coverage rates we see today were first achieved in the late 90's, and are the result of the convergence of 3 programs-

1) School attendance requirements, which began in the late 70's & early 80's;

2) The near complete indemnification for liability of vaccine manufacturers and administrators by the NVICP, The National Vaccine Injury Compensation program in 1988; and

3) VFC- Vaccines For Children, a funding scheme whereby the government buys and provides all "required" vaccines, 1993.

Required vaccines are now legislated purchases.

*Previously reported as measles-containing vaccine (MCV)
†No national coverage data were collected from 1986 through 1990.
§In 2008, data are for PCV4+.

Combined 4-3-1: Four or more doses of DTP/DTaP/DT, three or more doses of poliovirus vaccine, and one or more doses of any measles-containing vaccine.

Combined 4-3-1-3: Four or more doses of DTP/DTaP/DT, three or more doses of poliovirus vaccine, one or more doses of any measles-containing vaccine, and three or more doses of *Haemophilus influenzae* type b vaccine.

Data prior to 1993 were collected by the National Health Interview Survey and represent 2-year-old children. Data from 1993 forward are from the National Immunization Survey and represent 19-35 month-old children. Different methods were used for the two surveys.

Data are available for combinations of vaccines not reflected on this table. For more information about annual coverage figures from 1994 to the present, see http://www.cdc.gov/vaccines/stats-surv/nis/default.htm.

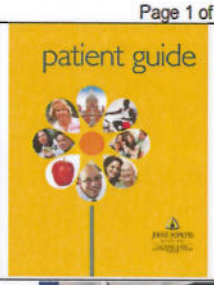
This document can be found on the CDC website at:
http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/G/coverage.pdf

Feb 2011

Johns Hopkins warns that the vaccinated are a threat to the immunocompromised

The Johns Hopkins Hospital Patient Information

Care at Home for the Immunocompromised Patient



What can I do to prevent infection?

- Hand washing is the **best way** to prevent infection.
- Carry hand sanitizer with you at all times.
- Wash with soap and water or hand sanitizer
  - -before and after you use the bathroom
  - -before and after preparing or eating food
  - -after touching pets or animals
  - -after contact with someone who has an infection such as a cold or the flu
  - -after touching surfaces in public areas (such as elevator buttons, handrails and gas pumps)

Should an IC child really be in the uncontrolled environment of a public school or other public spaces?

Do I need to wear a mask?

- Wear an N95 respirator mask when you travel to and from the hospital, when you are in the hospital, within two football fields of construction or digging, and in any public place.
- Close all car windows and turn on the re-circulate button of your ventilation system.
- Avoid crowds if possible. An area is crowded if you are within an arm's length of other people.
- Avoid closed spaces if possible.

Can I have visitors?

- Tell friends and family who are sick, or have recently had a live vaccine (such as chicken pox, measles, rubella, intranasal influenza, polio or smallpox) not to visit.
- It may be a good idea to have visitors call first.
- Avoid contact with children who were recently vaccinated.

Are there any precautions I

- Do not take aspirin or aspirin-like products (such as Advil™, Motrin™ or Excedrin™) unless told by your doctor.
- ou should wear a medical alert bracelet that identifies you s a cancer patient or bone marrow transplant patient at risk r bleeding or infection.
- **eep a current medication list with you at all times.**
- o not take any herbal products.
- void grapefruit juice, which interacts with many medications.

Are schools currently notifying IC families when fellow students have been recently vaccinated with live viruses?