

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Immunization Program

TO: Directors of Licensed Child Care Centers & Group Child Care Homes

FROM: Mick Bolduc, Epidemiologist, Immunization Program

A handwritten signature in blue ink, appearing to read "Mick Bolduc".

DATE: January 16, 2019

SUBJECT: Annual Immunization Survey

Child 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 administrated by the Immunization Program of the Department of Public Health in collaboration with the Child Care Licensing Program of the Connecticut Office of Early Childhood 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.

This year you have the option of using a tool created in Microsoft Excel to complete the survey. You simply enter the name, date of birth, and immunization information for each child and the tool automatically creates a summary report that you can send to DPH. The tool performs all calculations. As always you send only the summary page which excludes identifying information. We encourage you to consider using the tool but it is not required. It is posted online with the survey link (on page 2).

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* in order to attend your program; there are no new required vaccines for 2018-2019. The required immunizations must be complete by the end of the period in which the immunization is due or the child must be excluded. [Public Act 18-172](#) *An Act Implementing the Recommendations of the Office of Early Childhood* Sections 1 and 2 make an allowance for children who are homeless to



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Affirmative Action/Equal Opportunity Employer

attend a licensed child care center, group child care home or family child care home for up to ninety days without documentation of required physical examination or immunizations.

The due date for return of the survey is February 15, 2019 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, 2018 and December 31, 2018. 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, 2019 still need to be vaccinated in order to be compliant with the influenza requirement.

We are asking that 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 must be returned by February 15, 2019; please retain a copy for your records. Worksheets should **not** be sent in with the survey. The information can either be mailed, emailed, or faxed to the Immunization Program. Our **new** fax number is (860) 707-1941. Remember to proof read your survey for completeness and accuracy before sending it in. If your survey is not received by the deadline, the child 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 *Daycare Flu Immunization Requirement: Q&A* and the *CT Immunization Requirements Schedule For Day Care, Family Day Care, Group Day Care Homes* schedule can be found at:

<https://portal.ct.gov/DPH/Immunizations/Immunization--Laws-and-Regulations> (from there, scroll down to the **Child Care and Youth Camps** section). The survey materials are available at <https://www.ct.gov/oec/cwp/view.asp?a=4542&q=544636> under “What’s New” and at <https://portal.ct.gov/DPH/Immunizations/Immunization--Laws-and-Regulations> under “Child Care and Youth Camps”.

Thank you for your continued cooperation in ensuring that all children in child care settings are age appropriately immunized. Please call the Immunization Program at (860) 509-7929 with any questions.

Please print in all the boxes

NAME OF PROGRAM	LICENSE NUMBER	MAILING ADDRESS/TOWN/ZIP CODE
NAME OF DIRECTOR	PHYSICAL LOCATION (if different) ADDRESS/TOWN/ZIP CODE	
PERSON COMPLETING SURVEY	I certify this survey to be complete and accurate to the best of my knowledge SIGNATURE CERTIFICATION:	
DATE SURVEY COMPLETED	TELEPHONE NUMBER CONTACT PERSON FOR FOLLOW-UP (BETWEEN 8:30 AM - 4:30 PM)	

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, 2018. Age of children should also be as of December 31, 2018. Please report actual numbers, not check marks or slashes.

TABLE 1.	Children aged 0 through 6 months	Children aged 7 through 11 months		Children aged 12 through 18 months		Children aged 19 through 35 months		Children aged 36 through 59 months	
(A) Total Number of Children									
(B) Exemption	Medical (1)								
	Religious (2)								
(C) Subtotal of Children (3) (C) = (A) - (B)									
Vaccine Series:	XXXXXXXXXX	A (4)	NC (5)	A	NC	A	NC	A	NC
DTP/DTaP/DT	XXXXXXXXXX								
Polio	No need to complete this portion in gray for children less than 7 months of age								
MMR		No need to complete portion in gray							
Hepatitis B									
HIB									
Varicella		No need to complete portion in gray							
Pneumococcal Conjugate (PCV)	XXXXXXXXXX								
Hepatitis A	XXXXXXX	No need to complete portion in gray							

TABLE 2.	A	NC	Medical Exemption	Religious Exemption Influenza Only (7)	Religious Exemption All Vaccines	Total Number of Children
Influenza Vaccination Section:						
Influenza -- at least one dose (6)						

- (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, 2018 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, 2018 (born between 1/1/2014 and 6/30/2018).
- (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 Exemptions--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.

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CT Immunization Requirements Schedule For Day Care, Family Day Care, Group Day Care Homes

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

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

<u>Vaccines:</u>	<u>Brand Names:</u>
DTaP-IPV-Hib	Pentacel
Varicella	Varivax
DTaP-Hib	TriHibit
Hib	ActHib or PedvaxHIB or Hiberix
HIB-Hep B	Comvax
DTaP-IPV	Kinrix

<u>Vaccines:</u>	<u>Brand Names:</u>
Influenza	Flumist or Fluarix or Fluzone or Fluvirin or Flulaval
DTaP-IPV-Hep B	Pediarix
Hepatitis A	Havrix or Vaqta
MMRV	ProQuad
PCV 7	Prevnar
PCV 13	Prevnar 13

Appendix A: Child Care Immunization Survey – Number of Doses by Vaccine Type For Each Age Group

Use this table to determine if a child meets the survey vaccination criteria. See <https://www.cdc.gov/vaccines/vpd/vaccines-list.html> for a list of vaccines by brand name.

Vaccine	7 through 11 months	12 through 18 months	19 through 35 months	36 through 59 months
DTP/DTaP/DT	<ul style="list-style-type: none"> • 3 doses 	<ul style="list-style-type: none"> • 4 doses (1) 	<ul style="list-style-type: none"> • 4 doses 	<ul style="list-style-type: none"> • 4 doses
Polio	<ul style="list-style-type: none"> • 3 doses (1) 	<ul style="list-style-type: none"> • 3 doses (1) 	<ul style="list-style-type: none"> • 3 doses 	<ul style="list-style-type: none"> • 3 doses
MMR		<ul style="list-style-type: none"> • 1 dose (1) OR • Lab confirmed immunity (M,M & R) 	<ul style="list-style-type: none"> • 1 dose OR • Lab confirmed immunity (M,M & R) 	<ul style="list-style-type: none"> • 1 dose OR • Lab confirmed immunity (M,M & R)
Hep B	<ul style="list-style-type: none"> • 3 doses (1) 	<ul style="list-style-type: none"> • 3 doses (1) OR • Lab confirmed immunity 	<ul style="list-style-type: none"> • 3 doses OR • Lab confirmed immunity 	<ul style="list-style-type: none"> • 3 doses OR • Lab confirmed immunity
HIB	<ul style="list-style-type: none"> • 2 doses of PedvaxHIB OR • 3 doses of ActHib or Pentacel 	<ul style="list-style-type: none"> • Completed primary series plus booster at 1 year or older OR • 2 doses (both at 12 months or older) OR • 1 dose (at 15 months or older) 	<ul style="list-style-type: none"> • Completed primary series plus booster at 1 year or older OR • 2 doses (both at 12 months or older) OR • 1 dose (at 15 months or older) 	<ul style="list-style-type: none"> • Completed primary series plus booster at 1 year or older OR • 2 doses (both at 12 months or older) OR • 1 dose (at 15 months or older)
Varicella		<ul style="list-style-type: none"> • 1 dose (1) OR • Lab confirmed immunity 	<ul style="list-style-type: none"> • 1 dose OR • Lab confirmed immunity 	<ul style="list-style-type: none"> • 1 dose OR • Lab confirmed immunity
PCV	<ul style="list-style-type: none"> • 3 doses 	<ul style="list-style-type: none"> • Completed primary series plus booster at 1 year or older 	<ul style="list-style-type: none"> • Completed primary series plus booster at 1 year or older 	<ul style="list-style-type: none"> • Completed primary series plus booster at 1 year or older
Hep A		<ul style="list-style-type: none"> • 1 dose (1) OR • Lab confirmed immunity 	<ul style="list-style-type: none"> • 2 doses (1) OR • Lab confirmed immunity 	<ul style="list-style-type: none"> • 2 doses OR • Lab confirmed immunity
Influenza	<ul style="list-style-type: none"> • 1 dose in this flu season (child had 2 doses in a previous season) OR • 2 doses in this flu season (child did not have 2 doses in a previous season) 	<ul style="list-style-type: none"> • 1 dose in this flu season (child had 2 doses in a previous season) OR • 2 doses in this flu season (child did not have 2 doses in a previous season) 	<ul style="list-style-type: none"> • 1 dose in this flu season (child had 2 doses in a previous season) OR • 2 doses in this flu season (child did not have 2 doses in a previous season) 	<ul style="list-style-type: none"> • 1 dose in this flu season (child had 2 doses in a previous season) OR • 2 doses in this flu season (child did not have 2 doses in a previous season)

1. These criteria are for surveillance purposes and do not necessarily correspond with legal requirement for compliance purposes. Please use the “CT Immunization Requirement Schedule for Day Care, Family Day Care and Group Day Care Homes” to determine whether a child is in legal compliance with required immunizations.

Child Care Worksheet 2018-19

Prepared By _____

Page _____

For Child Care Center use only

Date _____

Child Care Center: _____

Do not return with Summary

Total Enrolled _____

Child's Name or ID	Date of Birth	Exemption		DTaP		Polio		MMR		Hep B		HIB		Varicella		PCV		Hep A		Immunization Req'ts. Complete		
		Religious	Medical	A	NC	A	NC	A	NC	A	NC	A	NC	A	NC	A	NC	A	NC	A	NC	
1.																						
2.																						
3.																						
4.																						
5.																						
6.																						
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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.

See Appendix A for number of doses by child's age

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)

Hep A: hepatitis A (only required of children born on or after 1/1/2009)

Revised 12/27/2018

Prepared By _____

Influenza Worksheet 2018-19

Date _____

Child Care Center: _____

Page _____

	Child Name or ID	Medical Exemption	Religious Exemption		Influenza (flu)	
			Flu Only	All Vaccines	A	NC
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
Subtotal for page						

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, 2018 and received at least 1 dose of influenza vaccine between July 1, 2018 and December 31, 2018.

Not Complete (NC):

Does not meet Adequately Immunized requirements

Revised 12/27/2018