April 6, 2015

Dear Superintendents of Local and Intermediate School Districts; Principals of Public, Private and Parochial Schools; Directors of Public School Academies:

Re: Immunization Requirements for Children Entering Kindergarten, 7th grade or Children Entering a New School District in Grades 1-12 During the 2015 Calendar Year

In December 2014, the Joint Committee on Administrative Rules approved a new educational requirement for Michigan parents who waive vaccinations for their child (student) before entering school. This rule changes the role of the school in regards to distribution and acceptance of the Nonmedical Waiver Form.

This Administrative Rule change, effective January 1, 2015, directs parents/guardians to their Local Health Department to obtain a Nonmedical Waiver Form dated January 2015 that will be needed to meet school entrance requirements for their child. School staff shall no longer distribute a Nonmedical Waiver Form, nor will it be available in the annual school packets.

The new rule allows parents/guardians the opportunity to speak with a health care professional from their local health department about their concerns and questions, along with receiving education on the benefits of vaccination and the risks of disease before obtaining the signed certified Nonmedical Waiver Form from the local health department. At the end of the visit, the parent/guardian will receive a current, certified (stamped and signed) State of Michigan unaltered Nonmedical Waiver Form for entry into the Michigan Care Improvement Registry/Schools Immunization Reporting System (MCIR/SIRS) for school entrance. Schools should no longer accept nonmedical waiver forms that have not been certified by a local health department for students who will be reported in 2015.

Since 1978, Michigan law requires that each student possess a certificate of immunization at the time of registration (or no later than the first day of school) upon entry into kindergarten, 7th grade, or into a new school district involving grades 1-12.

There are three circumstances in which a required vaccine may be waived or delayed:

1. The child has received at least one dose of required vaccine(s) and the next dose(s) are not yet due. These children are considered to be in a “provisional” status. Schools are required to follow-up with these students to be sure subsequent doses of vaccine are received until they are complete for all required vaccines;

2. The child has a medical contraindication to a vaccine, in which case a Medical Contraindication Form is required to be completed and signed by the child’s medical physician. The form shall state the medical contraindication(s), the vaccine(s) involved, and the time period during which the child is precluded from receiving the vaccine(s);
3. A parent or guardian holds a religious or philosophical ("other") belief which precludes receipt of vaccination(s). These are the nonmedical exemptions discussed earlier and require certification at the local health department.

A student who fails to meet immunization requirements shall not be admitted to school:

- Students excused on "Pupil Membership Count Day" may still be counted for purposes of State School Aid if they physically return to school within 30 calendar days from the date of "Pupil Membership Count Day."

- Students excluded from school entry due to an incomplete immunization record may be granted an excused absence by the Michigan Department of Education if permitted by the local school district Board of Education.

School immunization compliancy should be reported by utilizing MCIR/SIRS. This will pull immunization records contained within the Michigan Care Improvement Registry (MCIR) for students entered in to the school roster. The November 1, 2015 report should include all students in kindergarten, 7th grade, and those who have newly entered and are still enrolled in the school from January 1, 2015 through September 30, 2015. The February 1, 2016 report should include all students who are in kindergarten, 7th grade, and those who have newly entered and are still enrolled in the school from January 1, 2015 through December 31, 2015. The local health department will monitor the progress of your immunization compliance and timeliness of school immunization reporting.

A summary of requirements and supporting information are included in this packet and are also available online at www.mcir.org under the School/Childcare link. Please review this important information to assist you with completion of the immunization reporting of your children. To obtain technical assistance or to enroll as a MCIR/SIRS user, please contact the MCIR Help Desk at 1-888-243-6652.

For those individual programs without internet access, please contact your local health department for approval and guidance to report using the handwritten IP-100/101 Immunization Reporting Form.

Proper maintenance of up-to-date immunization records is critical in the event of an outbreak of vaccine preventable disease, or if an audit is conducted by your local health department or the Michigan Department of Community Health.

Unless instructed otherwise by the jurisdictional local health department, copies of the Nonmedical Waiver and Medical Contraindication Forms shall be submitted no later than November 1, 2015 and February 1, 2016 to the jurisdictional local health department.

Reporting of Immunization data to the Local Health Department is required under the Public Health Code and the School Code which requires all children in a program to have complete immunizations or a valid waiver.
Section 167 of the State School Aid Act* (P.A. 94 of 1979) requires that school districts shall submit an immunization report of the completed, appropriately waived or provisional immunization by November 1, 2015, and meet a 90% compliance of the entering students, as listed above. Those school districts which are not in compliance will be subject to 5% of their state school aid funds being withheld. By February 1, 2016, a minimum of 95% of entering students, as listed above, shall submit a completed, appropriately waived or provisional immunization record to avoid implementation of another 5% withholding. Submission of immunization records prior to the November and February deadlines will allow your local health department to review the submitted information and assist with data entry corrections.

Section 380.1177 of the Michigan Public Health Code requires the Michigan Department of Education, in cooperation with the Michigan Department of Community Health, to develop information for Michigan schools to address notification of families with children enrolled in grades 6, 9, and 12, about the risk and prevention of meningococcal meningitis and human papillomavirus diseases. Local school notification includes information regarding the symptoms of the diseases, how they are spread, where to obtain additional information about risk factors, risk associated with vaccination against these diseases, and where to obtain the vaccines. Information about influenza vaccine is included in this packet and should be shared within the school community. Online access to these notification materials is available at www.michigan.gov/immunize or www.michigan.gov/mde.

Questions regarding immunization requirements or requests for additional copies of informational materials should be directed to your local health department. Staff members at the Michigan Department of Education are also available to discuss school immunization requirements and may be reached at (517) 373-1122.

We appreciate your continued support and cooperation in ensuring that Michigan's school-aged children are properly immunized to avoid the threat of communicability and illness associated with vaccine preventable diseases.

Sincerely,

Nick Lyon
Director
Department of Community Health

Mike Flanagan
State Superintendent
Department of Education

NL:jj

Enclosures

cc: Local Health Departments
# Teen Vaccines Information for Parents

## Meningococcal Conjugate (MCV)

MCV vaccine protects you against meningitis, which affects the brain and spinal cord. If you contract meningitis, it can cause brain damage, severe disabilities or death.

Common symptoms include a fever, rash, headache, or stiff neck. It is spread through close contact with an infected person, such as coughing, kissing, and sharing food or drinks. This disease is easily spread.

The **first** dose should be given at 11-12 years of age and the **second** should be given at 16. If you have not received this vaccine, make sure you get one before you get your diploma.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCV</td>
<td></td>
</tr>
</tbody>
</table>

## Adolescent Catch-Up

Many vaccines are given during childhood to give you life-long protection against diseases.

If you have not received all of the below vaccines, it is not too late!

- **3 doses** of hepatitis B vaccine (Hep B)
- **2 doses** of hepatitis A vaccine (Hep A)
- **2 doses** of measles, mumps, rubella vaccine (MMR)
- **2 doses** of varicella (chickenpox) vaccine
- At least **3 doses** of polio vaccine (IPV or OPV)
- Flu vaccine every year

These vaccines are important, especially if you plan to travel. You need all doses for full protection.

## Tetanus, Diphtheria, Pertussis (Tdap)

Tdap vaccine protects you against pertussis (whooping cough), diphtheria, and tetanus.

Tetanus causes painful tightening of the muscles and is very serious. It is found in soil and enters the body through a cut or wound.

Diphtheria can make you unable to breathe or move body parts. It is spread by coughing or sneezing.

Pertussis can cause severe coughing and choking, making it difficult for you to breathe or eat. It is spread by coughing, sneezing or close contact with an infected person.

Tdap vaccine is usually given at the 11-12 years of age. However, anyone who has not had Tdap vaccine needs a dose.

## Human Papillomavirus (HPV)

HPV vaccine protects against cervical cancer in women and genital warts in men and women. It will also protect you against several other cancers.*

HPV is a common infection transmitted by skin-to-skin contact during sexual activity. Even if you do not have sex, you can still get HPV. HPV infection often has no symptoms so you could have it and not know.

The best time to get HPV vaccine is at 11-12 years of age, well before sexual activity starts. However, if you missed your doses, you should still get the vaccine through 26 years of age.

This vaccine is very effective against several types of HPV and works best if you get all three doses prior to exposure.

*Other cancers include: anal, penile, vaginal, and vulvar.

*Updated February 12, 2014
The flu is an infection of the nose, throat, and lungs caused by flu viruses. There are many different flu viruses that can make people sick. The flu spreads easily by coughing and sneezing. Many people get the flu every year. Some people can get very sick, and some may even die.

People who have the flu often get a high fever, headache, muscle aches, dry cough, and sore throat very quickly. Some people who get the flu have NO symptoms at all, but they can still spread the flu to others.

Flu vaccine is the single best way to protect children and adults from getting the flu. Flu vaccine is recommended every year for everyone 6 months of age and older. It is also important to make sure students stay home from school if they are sick.

Get a flu vaccine and encourage others in contact with children to get vaccinated – parents, siblings, teachers, secretaries and other support staff. Getting vaccinated is especially important for those who take care of infants less than 6 months of age because these babies are too young to get flu vaccine.

Yes. The Centers for Disease Control and Prevention (CDC) and Michigan Department Community Health (MDCH) recommend that children 6 months of age and older receive flu vaccine to help them stay healthy.
School-aged children can get either a shot or a nasal spray. Some children may need 2 doses of flu vaccine. Healthcare providers should determine which type of flu vaccine a child can get and how many doses are needed.

Flu vaccines can change from year to year, so children and adults need to get flu vaccine every year. The vaccine can be given as soon as it becomes available (as early as August) and throughout the flu season until the vaccine expires (typically June 30).

Yes, flu vaccines are safe and can be given with other vaccines. It is safer to get the flu vaccine than it is to get the flu.

Most children and adults have little or no problems after getting a flu vaccine. Side effects are often mild, like soreness or redness where the shot was given or a stuffy nose after getting the nasal spray.

Children 18 years of age and younger may be eligible to receive publicly purchased vaccines through the Vaccines for Children (VFC) program. To learn more about the VFC program, contact your local health department or healthcare provider.

Contact your healthcare provider or local health department.

Centers for Disease Control & Prevention: cdc.gov/flu
Michigan Department of Community Health: michigan.gov/flu
Childhood Influenza Coalition: preventchildhoodinfluenza.org
Families Fighting Flu: familiesfightingflu.org
MEMORANDUM

DATE: March 31, 2015

TO: Principals and Superintendents of all Michigan Public, Private and Parochial Schools

SUBJECT: VISION SCREENING and REPORTING FOR KINDERGARTEN

The screening of children’s vision prior to the start of Kindergarten is required in Michigan. Several laws mandate the screening, confirmation of screening, and the reporting of these screenings.

Public Health Code Act 368 of 1978, Section 9307 states that “a parent, guardian, or person in loco parentis applying to have a child registered for the first time in a kindergarten or first grade in a school in this state shall present to school officials, at the time of registration or not later than the first day of school, a certificate of hearing and vision testing or screening or statements of exception under Section 9311”.

The Revised School Code (Act 451 of 1976, section 380.1177) requires that parents of children entering kindergarten present a statement to school officials confirming that they have received the Michigan Department of Community Health Vision Screening OR a statement, signed by a licensed eye care practitioner (optometrist or ophthalmologist) or medical/osteopathic physician, indicating that a child’s eyes have been examined at least once after age three and before initial school entry may also be presented. School officials are required to enter vision screening data into the MCIR system for all kindergarten or developmental kindergarten new entrants by November 1 of each year.

Please note the following points regarding Kindergarten Vision Screening in Michigan:

- Parents are responsible for getting their child’s vision screened prior to the first day of Kindergarten
Schools facilitate the screenings by communicating the requirement to parents.

Local public health departments offer free screenings for all children in their service area.

Schools can facilitate the screenings by including the local health department screening staff during Round-Ups or registration days, if available.

Screening statements from the local health department, a licensed eye care practitioner (optometrist or ophthalmologist) or medical/osteopathic physician are acceptable.

Screenings are available at no charge to families through your local health department.

Best practice is to have the screening take place no more than 6 months prior to the start of school.

No child should be denied access to school because the parent did not have the screening completed. Parents should have the screening completed within the first week of school.

School officials enter the screenings onto the immunization data entry screen in the MCIR no later than November 1 of each school year.

**November 1 is not the deadline to have the screening conducted; screenings are to be completed prior to the first day of school.**

A separate report to MDCH is no longer required.

Schools and screening sites should ensure the following when scheduling their screening day:

- Have available a quiet room with table and appropriate chairs for either preschool or school-age screening.
- Have available a room with adequate space, outlets, air flow, etc.
- Screenings should never be conducted in bathrooms or rooms where other events are taking place or where unsafe conditions exist.
- Observers (including parents) must not communicate with children during the screening to prevent leading responses which can result in false negatives.
- Failure to ensure the above necessities will result in being asked to reschedule the screening date.

If you, or your support personnel responsible for entering vision screening data, have questions regarding this requirement, please contact your local health department's Vision Screening Program or Dr. Rachel Schumann, Vision Program Consultant for the Michigan Department of Community Health, at 517-335-6596.

On behalf of the children of Michigan, many thanks for helping ensure that all Michigan children have good vision as they begin their journey to success in learning and life.
**Required Childhood Immunizations for Michigan School Settings**

School communicable disease rules are the minimum standard for preventing disease outbreaks in school settings. To best protect patients from all diseases we have the power to prevent, healthcare providers in Michigan should follow the 2015 Recommended Immunization Schedule at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) or [www.michigan.gov/immunize](http://www.michigan.gov/immunize). **All doses of vaccines must be given with appropriate spacing between doses and at appropriate ages to be considered valid.**

<table>
<thead>
<tr>
<th>Entry Requirements for All Public &amp; Non-Public Schools</th>
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</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
</tr>
<tr>
<td>Vaccine**↓</td>
</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis</td>
</tr>
<tr>
<td>Polio</td>
</tr>
<tr>
<td>Measles,* Mumps,* Rubella*</td>
</tr>
<tr>
<td>Hepatitis B*</td>
</tr>
<tr>
<td>Meningococcal Conjugate</td>
</tr>
<tr>
<td>Varicella* (Chickenpox)</td>
</tr>
</tbody>
</table>

* If vaccination is not administered, current laboratory evidence of immunity is required.

**Students susceptible to these diseases may be excluded from school. Effective January 1, 2015, parents/guardians must obtain a certified nonmedical waiver from a local health department.*

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**DHHS**

*Michigan Department of Health and Human Services*

Rev. May 7, 2015
Dear Parent/Guardian:

Key Points Regarding Claiming a Nonmedical Waiver for Michigan Schools and Licensed Childcares

Michigan recently modified the administrative rules that change how nonmedical waivers for immunizations will be processed for school/childcare programs. The new rule went into effect on January 1, 2015.

With Michigan having one of the highest waiver rates in the country, a proactive approach has been established to help inform everyone regarding the benefits of vaccinations and the risks of disease. Some counties in Michigan have waiver rates as high as 20.7%. This means that more than 20% of the students in those counties haven’t gotten all their vaccines. Some school buildings have even higher waiver rates. The hope is that the new rule will help answer any questions/concerns one may have regarding immunizations.

Key Points

- The new rule applies to all children who are enrolled in a public or private:
  - Licensed childcare, preschool, and Head Start programs
  - Kindergarten, 7th grade, and any newly enrolled student into the school district
- The new rule does not take away your right to obtain a nonmedical waiver.
- Nonmedical waivers (religious or philosophical (other) objections) will need to be obtained from a county health department; the schools/childcare centers will not have them.
- Parents/Guardians must follow these steps when requesting a nonmedical waiver:
  - Contact your county health department for an appointment to speak with a health educator.
  - During the visit, there will be an opportunity to have a discussion about immunizations with the county health department staff.
  - If at the end of the visit, you request a nonmedical waiver for your child, you will receive a copy of the current, certified (stamped and signed) State of Michigan Nonmedical Waiver Form.
    - Schools/childcare centers will only accept the current, official State of Michigan form (Current date: January 1, 2015).
    - Forms cannot be altered in any way (such as crossing information out).
  - Take completed, certified waiver form to your child’s school or childcare center.
- If your child has a medical reason (a true contraindication or precaution) for not receiving a vaccine, a physician must sign the State of Michigan Medical Contraindication form; this form is available at your doctor’s office (not the county health department).
- Based on the public health code, a child without either an up-to-date immunization record, a certified nonmedical waiver form or a physician signed medical waiver form can be excluded from school/childcare.

For more information, please visit www.michigan.gov/immunize > then click on Local Health Departments > then click on Immunization Waiver Information. There is a list of all the county health departments on this website, along with their addresses and phone numbers.

January 13, 2015
Information for Parents/Guardians

New Michigan School and Licensed Childcare Immunization Rule for Claiming a Nonmedical Waiver for Immunizations

In 2014, Michigan modified the administrative rules that changed how nonmedical waivers for immunizations will be processed for school and childcare programs. The new rule went into effect on January 1, 2015.

Frequently Asked Questions:

Why is this rule change important?
Michigan has one of the highest waiver rates in the country. Some counties in Michigan have waiver rates as high as 20.7%. This means that more than 20% of the students in those counties haven’t gotten all their vaccines. Some school buildings have even higher waiver rates. This leaves communities vulnerable to diseases such as measles, chickenpox, and pertussis (whooping cough). Immunizations are one of the most effective ways to protect children from harmful diseases and even death.

What has the new rule changed for parents/guardians?
Parents/guardians who want to claim a nonmedical waiver will have an opportunity to have a discussion about immunizations with county health department staff and receive information on the benefits of vaccination and the risks of vaccine-preventable diseases. The new rule does not take away a parent’s/guardian’s right to obtain a nonmedical waiver.

What is a nonmedical waiver?
A nonmedical waiver is a parent’s/guardian’s written statement indicating their religious or philosophical (other) objections to a particular vaccination(s).

Who does this new rule apply to?
The new rule applies to all children who are enrolled in a public or private:
- Licensed childcare, preschool, and Head Start programs
- Kindergarten, 7th grade, and any newly enrolled student into the school district

What does certified, nonmedical waiver mean?
Certified, nonmedical waiver means that the official State of Michigan Immunization Waiver Form (current date: January 1, 2015) is used and the county health department stamp and signature of the authorizing agent (county health department staff) completing the immunization education with the parent/guardian is on the form.
Can a parent/guardian obtain a certified, nonmedical waiver form from the school, childcare center, or healthcare provider?
No, the certified nonmedical waiver can only be obtained at a county health department.

How does a parent/guardian obtain a certified, nonmedical waiver?
Parents/guardians will need to contact their county health department to receive immunization waiver education and to obtain a certified, current State of Michigan Immunization Waiver Form.

What if my child has a medical contraindication to a vaccine?
This new rule does not change the existing process for medical contraindications for vaccination. If your child has a medical reason (a true contraindication or precaution) for not receiving a vaccine, a physician must sign the State of Michigan Medical Contraindication form, which is available at your doctor’s office (not the county health department). This form must be completed and signed by a physician before it can be submitted to the school or childcare center.

What documentation will parents/guardians need to submit to their school or childcare center?
1. Parents/guardians will need to submit documentation of one of these items to the school or childcare center:
   - A completed, certified State of Michigan Nonmedical Immunization Waiver form, or
   - A physician signed State of Michigan Medical Contraindication form, or
   - A complete immunization record

   If a completed immunization record or a certified waiver form are not turned in, then the student can be excluded from school or childcare based on the public health code, unless the student is in a dose waiting (provisional) period. Dose waiting period means that the student still needs an immunization for school/childcare, but is not recommended to receive that dose at that time.

2. Waiver forms that are altered in any way (such as information on the form is crossed out) cannot be accepted by the schools/childcares.

Where can I find more information?
For more information, please visit www.michigan.gov/immunize > then click on Local Health Departments > then click on Immunization Waiver Information.

There is a list of all the county health departments on this website, along with their phone numbers and addresses.
## Vaccine Terminology

<table>
<thead>
<tr>
<th>CDC Abbreviation</th>
<th>Vaccine</th>
<th>Common Names, Synonyms, Brand Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>Bacillus Calmette-Guerin (Tuberculosis)</td>
<td>DT pediatric</td>
</tr>
<tr>
<td>DT</td>
<td>Diphtheria &amp; Tetanus</td>
<td>Daptacel®, Infanrix®, Tripedia®</td>
</tr>
<tr>
<td>DTaP</td>
<td>Diphtheria, Tetanus, &amp; acellular Pertussis</td>
<td>Pediarix®</td>
</tr>
<tr>
<td>DTaP-HepB-IPV</td>
<td>Diphtheria, Tetanus &amp; acellular Pertussis, Hepatitis B &amp; Inactivated Polio</td>
<td>Pentacel®</td>
</tr>
<tr>
<td>DTaP-IPV/Hib</td>
<td>Diphtheria, Tetanus, acellular Pertussis &amp; <em>Haemophilus influenza</em> type B &amp; Inactivated Polio</td>
<td>Kinrix™</td>
</tr>
<tr>
<td>DTaP-IPV</td>
<td>Diphtheria, Tetanus &amp; acellular Pertussis, Inactivated Polio</td>
<td>Td (adolescent/adult), Tenivac, Decavac</td>
</tr>
<tr>
<td>Td</td>
<td>Tetanus, diphtheria</td>
<td>Adacel, Boostrix®</td>
</tr>
<tr>
<td>Tdap</td>
<td>Tetanus, diphtheris, &amp; acellular Pertussis</td>
<td>Havrix®, Vaqta®, HAV</td>
</tr>
<tr>
<td>HepA</td>
<td>Hepatitis A</td>
<td>Twinrix®</td>
</tr>
<tr>
<td>HepA-HepB</td>
<td>Hepatitis A and Hepatitis B</td>
<td>Engerix-B®, Recombivax HB®, HBV, HB vaccine</td>
</tr>
<tr>
<td>HepB</td>
<td>Hepatitis B</td>
<td>Comvax®</td>
</tr>
<tr>
<td>Hib-HepB</td>
<td><em>Haemophilus influenzae</em> type b &amp; Hepatitis B</td>
<td>ActHIB®, Hiberix®, PedvaxHIB®</td>
</tr>
<tr>
<td>Hib</td>
<td><em>Haemophilus influenzae</em> type b</td>
<td>Cervarix®</td>
</tr>
<tr>
<td>HPV2</td>
<td>Human papillomavirus (bivalent)</td>
<td>Gardasil®</td>
</tr>
<tr>
<td>HPV4</td>
<td>Human papillomavirus (quadrivalent)</td>
<td>Gardasil®</td>
</tr>
<tr>
<td>HPV9</td>
<td>Human papillomavirus (9-valent)</td>
<td></td>
</tr>
<tr>
<td>IIV3 (TIV)</td>
<td>Inactivated Influenza Vaccine</td>
<td>Afluria®, Fluarix®, FluLaval®, Fluvirin®, Fluzone®</td>
</tr>
<tr>
<td>cclIIV3, RIV3</td>
<td>Trivalent options</td>
<td>Flublok® (RIV3) Flucelvax® (cclIIV3)</td>
</tr>
<tr>
<td>IIV3 ID</td>
<td>Inactivated Influenza Vaccine (intradermal)</td>
<td>Fluzone® Intradermal</td>
</tr>
<tr>
<td>IIV4 (QIV)</td>
<td>Quadrivalent options</td>
<td>Fluarix®, FluLaval®, Fluzone®</td>
</tr>
<tr>
<td>LAIV, LAIV4</td>
<td>Live, attenuated influenza (nasal spray)</td>
<td>FluMist®</td>
</tr>
<tr>
<td>IPV</td>
<td>Inactivated Polio</td>
<td>IPOL®, elIPV, IPV, Salk Inactivated</td>
</tr>
<tr>
<td>MMR</td>
<td>Measles, Mumps and Rubella</td>
<td>MMR-II®, MMR</td>
</tr>
<tr>
<td>MMRV</td>
<td>Measles, Mumps, Rubella &amp; Varicella</td>
<td>ProQuad®</td>
</tr>
<tr>
<td>MPSV4</td>
<td>Meningococcal Polysaccharide</td>
<td>Menomune™</td>
</tr>
<tr>
<td>MCV4</td>
<td>Meningococcal Conjugate</td>
<td>Menactra™ (MenACWY-D), Menveo™(MenACWY-CRM)</td>
</tr>
<tr>
<td>Hib-MenCY</td>
<td><em>Haemophilus influenzae</em> type B &amp; Meningococcal Conjugate C and Y</td>
<td>Menhibrix, HibMen CY-TT</td>
</tr>
<tr>
<td>MenB</td>
<td>Meningococcal Serogroup B</td>
<td>Trumenba™, Bexsero®</td>
</tr>
<tr>
<td>PCV13</td>
<td>Pneumococcal Conjugate, 13-valent</td>
<td>Prevnar13®</td>
</tr>
<tr>
<td>PPSV23</td>
<td>Pneumococcal Polysaccharide, 23-valent</td>
<td>Pneumovax®</td>
</tr>
<tr>
<td>RV5, RV1</td>
<td>Rotavirus</td>
<td>RotaTeq™, Rotarix®</td>
</tr>
<tr>
<td>TT</td>
<td>Tetanus Toxoid</td>
<td>Tetanus toxoid</td>
</tr>
<tr>
<td>VAR</td>
<td>Varicella</td>
<td>Varivax®,Chickenpox vaccine</td>
</tr>
</tbody>
</table>
# Discontinued Vaccines That May Be On Immunization Records

<table>
<thead>
<tr>
<th>CDC Abbreviation</th>
<th>Vaccine</th>
<th>Common Names, Synonyms, Brand Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP*</td>
<td>Diphtheria, Tetanus, &amp; Pertussis*</td>
<td>Tri-Immunol*, DTwp*</td>
</tr>
<tr>
<td>DTaP*</td>
<td>Diphtheria, Tetanus &amp; acellular Pertussis*</td>
<td>Tripedia*, Acel-Imune*, Certiva*</td>
</tr>
<tr>
<td>DTP-HIB*</td>
<td>Diphtheria, Tetanus, Pertussis, &amp; <em>Haemophilus influenzae</em> type B*</td>
<td>Tetramune*, DTP/ActHib*</td>
</tr>
<tr>
<td>DTaP-HIB*</td>
<td>Diphtheria, Tetanus, acellular Pertussis &amp; <em>Haemophilus influenzae</em> type B*</td>
<td>TriHIBit*</td>
</tr>
<tr>
<td>Hib*</td>
<td><em>Haemophilus influenzae</em> type b*</td>
<td>HibTITER*, ProHIBit*, OmniHIB*</td>
</tr>
<tr>
<td>IIIV*</td>
<td>Inactivated Influenza Vaccine*</td>
<td>Fluogen*, FluShield*</td>
</tr>
<tr>
<td>IPV*</td>
<td>Inactivated Polio*</td>
<td>Poliovax*</td>
</tr>
<tr>
<td>Measles*</td>
<td>Measles (Rubeola)*</td>
<td>Attenuvax*</td>
</tr>
<tr>
<td>Mumps*</td>
<td>Mumps*</td>
<td>MumpsVax*</td>
</tr>
<tr>
<td>Rubella*</td>
<td>Rubella (German Measles)*</td>
<td>Meruvax*, Meruvax II*</td>
</tr>
<tr>
<td>Measles-Rubella*</td>
<td>Measles -Rubella*</td>
<td>M-R-VAX II*</td>
</tr>
<tr>
<td>Mumps-Rubella*</td>
<td>Mumps-Rubella*</td>
<td>Biavax II*</td>
</tr>
<tr>
<td>OPV*</td>
<td>Oral Polio Vaccine*</td>
<td>TOPV* Trivalent oral polio vaccine*, Sabin*, Orimune*</td>
</tr>
<tr>
<td>PCV7*</td>
<td>Pneumococcal Conjugate, 7-valent*</td>
<td>Prevnar7*</td>
</tr>
<tr>
<td>PPV*</td>
<td>Pneumococcal Polysaccharide*</td>
<td>PNU-Immune 23*</td>
</tr>
<tr>
<td>Td*</td>
<td>Tetanus, diphtheria*</td>
<td>Decavac*</td>
</tr>
</tbody>
</table>

DCH-0715

AUTHORITY: PA 368 of 1978 as amended

Rev. March 31, 2015
MCIR/SIRS

Toll-free MCIR helpdesk number is .......... 1-888-243-6652
MCIR.org

The following materials can be found on www.MCIR.org and should be reviewed.

Childcare packet:
- MCIR/SIRS Information Sheet
- Childcare Cover Letter
- Required Immunization Chart for Childcare
- Influenza Information for Childcare Centers
- Waiver Key Point Flyer
- Waiver FAQ for Parents
- Vaccine Terminology

School packet:
- MCIR/SIRS Information Sheet
- School Cover Letter
- Information for Parents – Teen Vaccines Papillomavirus, Meningococcal & Vaccines for Pre-Teens and Teens
- Influenza Information for Schools
- Vision Screening Information
- Required Immunization Chart for Schools
- Waiver Key Point Flyer
- Waiver FAQ for Parents
- Vaccine Terminology

Timeline for Reporting on MCIR/SIRS

January – December: Build your roster, making sure that appropriate reporting period and grade is marked for each student. Use current grade, or roundup for kindergarten in the Spring and Summer of 2015 – all students will be advanced automatically on August 1st.

October 1st: Childcare closes the report period on all children up to school age, by going into IP Status and clicking on the “close period” button on October 2nd. (The button will not be highlighted and you will not be able to close the period if you are not at 90% compliancy.) Continue to update immunization records until you reach at least 90% compliancy.

November 1st: School closes the report by going into IP Status and clicking on the close period button. (The button will not be highlighted and you will not be able to close the period if you have not obtained at least 90% compliancy.) Submit vision report for all kindergarten students.

February 1st: School closes the report by going into IP Status and clicking on the “close period” button. (The button will not be highlighted and you will not be able to close the period if you are not at 95% compliancy.)

Contact your local health department or the help desk if you have any questions about reporting.

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