State of California—Health and Human Services Agency
California Department of Public Health

MARK B HORTON, MD, MSPH
Director

ARNOLD SCHWARZENEGGER
Governor

February 1, 2008

TO: California Licensed Child Care Facilities

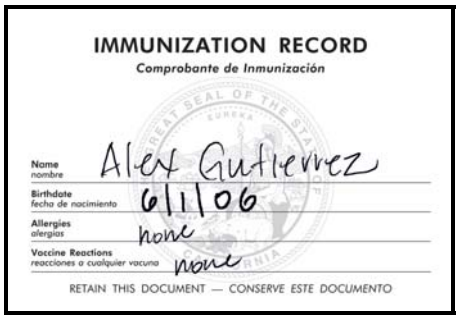
SUBJECT: Hib Vaccine 2008 Special Schedule for child care entry

Through 2008, we expect to face a nationwide shortage of vaccine that protects against *Haemophilus influenzae* type b (commonly called "Hib"), the major cause of meningitis in young children. Doctors will continue to give this vaccine, but one dose from the series will be dropped. This will not create a risk of disease, but does affect an immunization requirement, as the Hib vaccine is mandated for child care entry in California.

To allow children to be admitted to child care during this vaccine shortage, the California Department of Public Health has issued a temporary Special Immunization Schedule, as permitted by State law.

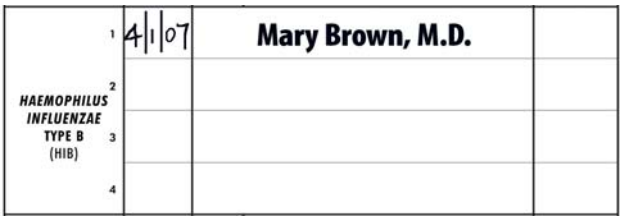
During 2008, children entering child care at ages **15 months to four years and six months can be admitted with one dose of Hib, received at any age, regardless of when the dose was administered**. There are no other changes to the immunization requirements for child care facilities; children younger than 15 months still require up to 2 doses for entry, depending on their age.

For example, a child born June 1, 2006 who had one Hib dose on April 1, 2007 may still be admitted during the vaccine shortage. The examples below show how this would look on the child's *California Immunization Record* ("yellow card"):


IMMUNIZATION RECORD
Comprobante de Inmunización

Name / nombre: Alex Gutierrez
Birthdate / fecha de nacimiento: 6/1/06
Allergies / alergias: none
Vaccine Reactions / reacciones a cualquier vacuna: none

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO


	1	4/1/07	Mary Brown, M.D.
HAEMOPHILUS INFLUENZAE TYPE B (HIB)	2		
	3		
	4		

To assist you with these changes, enclosed you will find:

- 2008 Special Schedule, Tables 1 and 2
- California Immunization Requirements for Child Care – IMM 230, Rev 1/08
- List of Local Health Departments

Immunization Branch/Division of Communicable Disease Control
850 Marina Bay Parkway, Building P, 2nd Floor, Richmond, CA 94804
(510) 620-3737
Internet Address: www.cdph.ca.gov

We expect this change to continue through 2008. We will keep you informed when there are changes in the future. If you have questions about the information in this mailing, please contact your local health department.

Your role in checking and recording vaccinations is very important. We appreciate your efforts to help keep California children safe from vaccine-preventable diseases.

Sincerely,

Howard Backer, M.D., M.P.H
Chief, Immunization Branch
California Department of Public Health

Encl: 2008 Special Schedule, Tables 1 and 2
California Immunization Requirements for Child Care – IMM 230, Rev 1/08
List of Local Health Departments.

cc: Gloria Merk, Program Administrator, Child Care Program Office,
California Department of Social Services
California Local Health Department Immunization Coordinators

2008 SPECIAL SCHEDULE

Table 1: Immunization Requirements

Institution	*Age*	*Vaccine*	*Total Doses Received*
Child care center, day nursery, nursery school, family day care home, development center	Less than 2 months	None	
Same as above	2–3 months	1. Polio[1]	1 dose
		2. DTP	1 dose
		3. Hib	1 dose
		4. Hepatitis B	1 dose
Same as above	4–5 months	1. Polio[1]	2 doses
		2. DTP, or combination of DTP and diphtheria-tetanus toxoids	2 doses
		3. Hib	2 doses
		4. Hepatitis B	2 doses
Same as above	6–14 months	1. Polio[1]	2 doses
		2. DTP, or combination of DTP and diphtheria-tetanus toxoids	3 doses
		3. Hib	2 doses
		4. Hepatitis B	2 doses
Same as above	15–17 months	1. Polio[1]	3 doses
		2. DTP, or combination of DTP and diphtheria-tetanus toxoids	3 doses
		3. Measles, rubella, and mumps	1 dose of each separately or combined on or after the 1st birthday
		4. Hib	**1 dose at any age.** (Changed from "On or after the 1st birthday.")
		5. Hepatitis B	2 doses
Same as above	18 months–5 years	1. Polio[1]	3 doses
		2. DTP, or combination of DTP and diphtheria-tetanus toxoids	4 doses
		3. Measles, rubella, and mumps	1 dose of each separately or combined on or after the 1st birthday
		4. Hib[3]	**1 dose at any age.** (Changed from "On or after the 1st birthday.")
		5. Hepatitis B[2]	3 doses
		6. Varicella	1 dose
Elementary school at kindergarten level and above	4–6 years	1. Polio[1]	4 doses, except that a total of 3 doses is acceptable if at least one dose was given on or after the 4th birthday
		2. DTP, or combination of DTP and diphtheria-tetanus toxoids	5 doses, except that a total of 4 doses is acceptable if at least one dose was given on or after the 4th birthday.
		3. Measles, rubella, and mumps	1 dose of each, separately or combined, on or after the 1st birthday. Pupils entering a kindergarten (or first grade if kindergarten skipped) are required to have 2 doses of measles-containing vaccine, both given on or after the first birthday
		4. Hepatitis B[2]	3 doses
		5. Varicella	1 dose
Elementary school, secondary school	7-17 years	1. Polio[1]	4 doses, except that a total of 3 doses is acceptable if at least one dose was given on or after the 2nd birthday
		2. Diphtheria and tetanus toxoids, given as DTP, DT, or Td (pertussis not required)	At least 3 doses. One more Td dose is required if the last dose was given before the 2nd birthday. (See below for additional recommendations for 7th grade enrollment, effective 7/1/99.)
		3. Measles and rubella (mumps not required)	1 dose of each, separately or combined, on or after the 1st birthday. (See below for additional requirements for 7th grade enrollment, effective 7/1/99.)
		4. Varicella[5]	1 dose aged 7 through 12 years for students not admitted to California schools before July 1, 2001. 2 doses for students aged 13 through 17 years not admitted to California schools before July 1, 2001.
Seventh Grade[4]	Any	1. Hepatitis B	3 doses
		2. Measles	2 doses of measles-containing vaccine, both given on or after the first birthday.
		Recommended but not required: Tetanus-diphtheria, given as DTP, DT, Td or Tetanus	One Td dose is recommended if 5 years or more have elapsed since the last dose.
Any	18 years and older	None	

2008 Special Schedule affects ONLY the Hib vaccine

[1] Oral polio vaccine (OPV) or inactivated polio vaccine (IPV) or any combination of these vaccines is acceptable.
[2] Applies only to children entering at kindergarten level (or at first grade level if kindergarten skipped) or below on or after August 1, 1997.
[3] Required only for children who have not reached the age of 4 years 6 months.
[4] Applies only to children (of any age) entering or advancing to the seventh grade on or after July 1, 1999.
[5] Children admitted to California schools at the Kindergarten level or above before July 1, 2001 are exempt from this requirement.

2008 SPECIAL SCHEDULE

Table 2: Conditional Admission Immunization Schedule

Vaccine	*Dose*	*Time Intervals*
Polio[1]	1st dose	Before admission
	2nd dose	As early as 6 weeks but no later than 10 weeks after the 1st dose. Before admission if 10 or more weeks have elapsed since the 1st dose at the time of admission.
	3rd dose	As early as 6 weeks but no later than 12 months after the 2nd dose. Before admission if 12 or more months have elapsed since the 2nd dose at the time of admission.
	4th dose (Required only for entry to kindergarten level or above)	Age 4-6 years: If the 3rd dose was given before the 4th birthday one more dose is required before admission. Age 7-17 years: If the 3rd dose was given before the 2nd birthday, one more dose is required before admission.
Diphtheria, Tetanus, and Pertussis FOR PUPILS UNDER AGE 7 YEARS: Diphtheria-tetanus-pertussis (DTP) or combination of DTP and diphtheria-tetanus toxoids	1st dose	Before admission.
	2nd dose	As early as 4 weeks but no later than 8 weeks after the 1st dose. Before admission if 8 or more weeks have elapsed since the 1st dose at the time of admission.
	3rd dose	As early as 4 weeks but no later than 8 weeks after the 2nd dose. Before admission if 8 or more weeks have elapsed since the 2nd dose at the time of admission.
	4th dose	As early as 6 months but no later than 12 months after the 3rd dose. Before admission if 12 or more months have elapsed since the 3rd dose at the time of admission.
OR	5th dose (Required only for pupils ages 4-6 years for entry to kindergarten level and above)	If the 4th dose was given before the 4th birthday, one more dose is required before admission.
FOR PUPILS AGE 7 YEARS AND OLDER: Diphtheria-tetanus (Pertussis not required)	1st dose	Before admission.
	2nd dose	As early as 4 weeks but no later than 8 weeks after the 1st dose. Before admission if 8 or more weeks have elapsed since the 1st dose at the time of admission.
	3rd dose	As early as 6 months but no later than 12 months after the 2nd dose. Before admission if 12 or more months have elapsed since the 2nd dose at the time of admission.
	4th dose	If the 3rd dose was given before the 2nd birthday, one more dose is required before admission.
	Recommended but not required for 7th grade entry[2]: Booster dose of Td	Before entry, 1 Td dose is recommended if 5 years or more have elapsed since the last dose of DTP, DT, Td or Tetanus.
Measles	One dose only	Before admission. If the pupil is under age 15 months, this dose is required when age 15 months is reached.
Note: For children entering kindergarten (or first grade if kindergarten is skipped) on or after August 1, 1997, two doses are required. For children entering 7th grade on or after July 1, 1999, the series shall be in process or completed.	1st dose	Before admission.
	2nd dose	As early as 1 month but no later than 3 months after the 1st dose.
Rubella	One dose only	Before admission. If the pupil is under age 15 months, this dose is required when age 15 months is reached.
Mumps (Not required for pupils age 7 years and older)	One dose only	Before admission. If the pupil is under age 15 months, this dose is required when age 15 months is reached.
Hib		**2008 Special Schedule affects ONLY the Hib vaccine**
Children 2-14 months old	Two doses	1st dose before admission. 2nd dose as early as 2 months but no later than 3 months after the 1st dose.
Children 15 months–4 1/2 years old	One dose	**At any age.** (Changed from "Before admission.")
Hepatitis B—For children entering at kindergarten level (or first grade if kindergarten skipped) or below on or after August 1,1997. For children entering 7th grade on or after July 1, 1999, the series shall be in process or completed.	1st dose	Before admission.
	2nd dose	As early as 1 month but no later than 2 months after the first dose.
	3rd dose	Infants and children under age 18 months: As early as 2 months but no later than 12 months after the 2nd dose. Also, no earlier than 4 months after the 1st dose. Children age 18 months and older: As early as 2 months but no later than 6 months after the 2nd dose. Also, no earlier than 4 months after the 1st dose.
Varicella[3] – For children aged 13 through 17 years not admitted to California schools before July 1, 2001.	1st dose	Before admission
	2nd dose	As early as 4 weeks but no longer than 3 months after first dose

[1] Oral polio vaccine (OPV) or inactivated polio vaccine (IPV) or any combination of these vaccines is acceptable.
[2] Applies only to children (of any age) entering or advancing to the 7th grade on or after July 1, 1999.
[3] Children admitted to California schools at the Kindergarten level or above before July 1, 2001 are exempt from this requirement.

2008 SPECIAL SCHEDULE

CALIFORNIA IMMUNIZATION REQUIREMENTS FOR

Child Care

CDPH

REFERENCE

Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

INSTRUCTIONS

To attend child care, children must have immunizations outlined below by age. Parents must present their child's Immunization Record as proof of immunization. Copy the full date of each shot onto the blue California School Immunization Record card and then determine if the child is up-to-date. Blue cards are available free from the Immunization Coordinator at your local health department. As the child care provider, it is your responsibility to follow up regularly until all shots are finished.

Please note the temporary change in entry requirements for Hib.

IMMUNIZATIONS (SHOTS) REQUIRED TO ATTEND CHILD CARE, BY AGE

Age When Enrolling	Immunizations (Shots) Required
2–3 months	1 each of Polio, DTaP, Hib, Hep B
4–5 months	2 each of Polio, DTaP, Hib, Hep B
6–14 months	3 DTaP 2 each of Polio, Hib, Hep B
15–17 months	3 each of Polio, DTaP 2 Hep B 1 MMR, on or after the first birthday[1] **1 Hib at any age** (Changed from "on or after the first birthday"[1])
18 months–5 years	3 Polio 4 DTaP 3 Hep B 1 MMR, on or after the first birthday[1] **1 Hib at any age** (Changed from "on or after the first birthday"[1]) 1 Varicella (chickenpox)[2]

Vaccines

DTaP: Diphtheria, tetanus, and pertussis combined vaccine. Record may show DT or DTP.

Hib: *Haemophilus influenzae* type b vaccine; required only for children up to age 4 years, 6 months.

MMR: Measles, mumps, and rubella combined vaccine.

Hep B: Hepatitis B vaccine.

Varicella: Chickenpox vaccine.

You may admit a child who is lacking one or more required vaccine doses if the dose(s) is not currently due **on the condition** that they receive the remaining dose(s) when due, according to the schedule above. You will need to review records to make sure this occurs. If the maximum time interval between doses has passed, the child cannot be admitted until the next immunization is obtained.

[1] Receipt of the dose up to (and including) 4 days before the birthday will satisfy the child care entry immunization requirement.

[2] If a child had chickenpox disease and this is indicated on the Immunization Record by the child's physician, they meet the requirement. Write "disease" in the chickenpox date box on the blue card.

WHEN NEXT SHOTS ARE DUE

Polio #2	6–10 weeks after 1st dose
Polio #3	6 weeks–12 months after 2nd dose
DTP or DTaP #2, #3	4–8 weeks after previous dose
Hib #2	2–3 months after 1st dose
DTP or DTaP #4	6–12 months after 3rd dose
Hep B #2	1–2 months after 1st dose
Hep B #3	Under age 18 months: 2–12 months after 2nd dose and at least 4 months after 1st dose Age 18 months and older: 2–6 months after 2nd dose and at least 4 months after 1st dose

EXEMPTIONS

The law allows (a) parents/guardians to choose exemptions from immunization requirements based on their personal beliefs, and (b) physicians of children to choose medical exemptions from them. The law does not allow parents/guardians to choose an exemption simply because the "shot" record is lost or incomplete and it is too much trouble to get to a physician or clinic to correct the problem. The back of the blue California School Immunization Record has instructions and an affidavit to be signed by parents who want a personal beliefs exemption. An up-to-date list of children with exemptions should be maintained separately by the child care staff so that these children can be quickly identified and excluded from attendance if an outbreak occurs.

Horario Especial para el 2008

REQUISITOS DE **LA INMUNIZACIÓN DE CALIFORNIA**

Cuidado infantil

CDPH

REFERENCIA

Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

INSTRUCCIONES

Para asistir al cuidado infantil, los niños deben estar vacunados como notado abajo por la edad del niño. Los padres deben presentar el Comprobante de Inmunización de su hijo antes de inscribirlo. Anote la fecha completa (día/mes/año) de cada vacuna en el Comprobante de Vacunación Escolar de California (la tarjeta azul). De esa manera, puede determinar si el niño está al día. Las tarjetas azules se pueden solicitar sin costo alguno al Coordinador de Vacunacíon de su departamento de salud local. Como proveedor de cuidado infantil, es su responsabilidad de dar seguimiento hasta que los niños hayan recibido todas sus vacunas. **Por favor preste atención al cambio provisional de los requisitos de entrada para Hib.**

VACUNAS REQUERIDAS PARA ASISTIR A LA GUARDERIA, POR EDAD

Edad al inscribirse	Vacunas requeridas
2 a 3 meses	1 de cada una de las siguientes: poliomielitis, DTaP, Hib, Hep B
4 a 5 meses	2 de cada una de las siguientes: poliomielitis, DTaP, Hib, Hep B
6 a 14 meses	3 DTaP 2 de cada una de las siguientes: poliomielitis, Hib, Hep B
15 a 17 meses	3 de cada una de las siguientes: poliomielitis, DTaP 2 Hep B 1 MMR en la fecha en que cumple un año de edad, o después[1] **1 Hib a cualquiera edad** (diferent a "la fecha en que cumple un año de edad, o después"[1])
18 meses a 5 años	3 poliomielitis 4 DTaP 3 Hep B 1 MMR en la fecha en que cumple un año de edad, o después[1] **1 Hib a cualquiera edad** (diferent a "la fecha en que cumple un año de edad, o después"[1]) 1 varicela

DTaP: Vacuna combinada contra la difteria, el tétano y la tos ferina. El comprobante puede mostrar DT o DTP.
Hib: Vacuna contra la *Haemophilus influenzae* tipo b; requerida sólo para los niños de hasta 4 años y 6 meses de edad.
MMR: Vacuna combinada contra el sarampión, las paperas y la rubéola.
Hep B: Hepatitis B.
Varicela: Vacuna contra la varicela.
Puede admitir a un niño al que le falte(n) una o más dosis requerida(s) de la(s) vacuna(s), pero que el intervalo máximo entre las dosis no haya transcurrido, **con la condición** de que reciba la(s) dosis restantes cuando se las tenga que aplicar, de acuerdo con el esquema anterior. Usted tendrá que ver los datos para verificar que el niño haya sido vacunado. Si transcurrió el intervalo de tiempo máximo entre las dosis, no se puede admitir al niño hasta que reciba la próxima vacuna.

[1] Recibo de la dosis hasta 4 días antes del cumpleaños satisface el requerimiento del registro de cuidado infantil.

[2] Si un niño tuvo varicela y el médico lo document ó en su registro de vacunación, el requerimiento ha sido cumplido. Escriba "enfermedad" en el area de varicela en la tarjeta azul.

CUANDO DEBE RECIBIR LAS PROXIMAS VACUNAS

Poliomielitis No. 2	entre 6 y 10 semanas después de la primera dosis
Poliomielitis No. 3	entre 6 semanas y 12 meses después de la segunda dosis
DTP o DTaP No. 2, No. 3	entre 4 y 8 semanas después de la dosis anterior
Hib No. 2	entre 2 y 3 meses después de la primera dosis
DTP o DTaP No. 4	entre 6 y 12 meses después de la tercera dosis
Hep B No. 2	entre 1 y 2 meses después de la primera dosis
Hep B No. 3	Para los niños menores de 18 meses de edad: entre 2 y 12 meses después de la segunda dosis y al menos 4 meses después de la primera dosis Para los niños mayores de 18 meses de edad: entre 2 y 6 meses después de la segunda dosis y al menos 4 meses después de la primera dosis

EXENCIONES

La ley permite (a) que los padres o tutores opten por eximir a sus hijos de los requisitos de vacunación a causa de sus creencias personales y (b) que los médicos de los niños opten por eximirlos de la vacunación por motivos médicos. La ley no permite que los padres o tutores opten por una exención por el mero hecho de que hayan perdido el comprobante de la vacunación, o porque el comprobante no esté completo, y les resulte demasiado incómodo ir a un médico o a una clínica para corregir el problema. El reverso de la tarjeta azul de Comprobante de Vacunación Escolar de California contiene instrucciones y una declaración jurada que debe ser firmada por los padres que deseen una exención por sus creencias personales. El personal de la guardería debe mantener una lista actualizada de los niños con exenciones, a fin de que esos niños puedan ser identificados rápidamente y excluidos de la asistencia si hay un brote.

California Local Health Departments
2008

County	Coordinator	Phone	County	Coordinator	Phone
Alameda	Leslie Greenwood, PHN	(510) 268-2330	**Orange**	Linda Scott	(714) 834-8095
Alpine	Lynette Bennett	(530) 694-2146	**Pasadena City**	Rachel Estuar	(626) 396-7228
Amador	Lori Jagoda, PHN	(209) 223-6407	**Placer**	Eileen Johnson	(530) 889-7175
Berkeley City	Vera Labat	(510) 981-5329	**Plumas**	Debi Bradfield	(530) 283-6364
Butte	Evelyn Jones	(530) 538-6194	**Riverside**	Karen Jones, RN	(951) 354-1410
Calaveras	Jill Sullivan	(209) 754-6460	**Sacramento**	Lynnan Svennson	(916) 875-7468
Calaveras	Linda Winn	(209) 754-6460	**San Benito**	Claudia Arnold, RN	(831) 637-5367
Colusa	Jo Corbin	(530) 458-0380	**San Bernardino**	Abigail Ryan	(909) 383-3070
Contra Costa	Erika Jenssen, MPH	(925) 313-6734	**San Diego**	Adrienne Yancey	(619) 692-5760
Del Norte	Linda Nichols, RN	(707) 464-3191	**San Francisco**	Amy Pine	(415) 554-2837
El Dorado	Valerie Rudd	(530) 573-3156	**San Joaquin**	Kathleen Tully	(209) 468-3892
El Dorado	Cathy Dunbar	(530) 621-6112	**San Luis Obispo**	Debbie Jo Trinidade, RN, MPH	(805) 788-2043
El Dorado	Lenette Mapes	(530) 573-3144	**San Mateo**	Robyn Ziegler	(650) 573-2878
Fresno	Peggy Richardson	(559) 445-3550	**Santa Barbara**	Carol Cullen, PHN, BSN	(805) 681-5462
Glenn	Bill Price	(530) 934-6588	**Santa Clara**	Noel Panlilio	(408) 792-3708
Humboldt	Susan Wardrip	(707) 268-2155	**Santa Cruz**	Laurie Lang	(831) 454-4646
Imperial	Angela Ramirez	(760) 482-4906	**Shasta**	Kate Thomas Pasley	(530) 245-6584
Inyo	Tamara Pound	(760) 873-7868	**Shasta**	Sue Holderman	(530) 225-6584
Inyo	Melissa Best-Baker	(760) 873-7868	**Sierra**	Janis Hardeman	(530) 993-6700
Kern	Ann McIntosh-Walker, PHN	(661) 868-0409	**Siskiyou**	Lillian Lokey	(530) 841-4058
Kings	Pat Harder	(559) 582-3211 x2619	**Solano**	Paula Holm,SPHN	(707) 553-5043
Lake	Val Kuhn	(707) 263-1090	**Sonoma**	Michele Davis	(707) 565-4573
Lassen	Laura Ng	(530) 251-8183	**Stanislaus**	Nancy Bancroft	(209) 558-7375
Long Beach City	Mary Wright	(562) 570-4212	**Sutter**	Vicki Coleman	(530) 822-7215
Los Angeles	Michelle T. Parra, PhD.	(213) 351-7800	**Tehama**	Virginia Sandberg	(530) 527-6824
Madera	Kari Moore	(559) 675-7893	**Tehama**	Linda Wimer	(530) 527-6824
Marin	Christine Stipp	(415) 499-3078	**Trinity**	Carol Huang	(530) 623-8218
Mariposa	Marna Klinkhammer	(209) 966-3689	**Tulare**	Pam Sola, RN	(559) 685-2535
Mendocino	Jennifer Dutton, PHN	(707) 472-2713	**Tuolumne**	Jill Castle	(209) 533-7434
Merced	Karen Resner, RN	(209) 381-1036	**Ventura**	Lin Glusac	(805) 981-5211
Merced	Annie Carlson	(209) 381-1025	**Yolo**	Lynne Foster	(530) 666-8571
Modoc	Linda Nelson	(530) 233-6311	**Yuba**	Theresa McClain	(530) 749-6366
Mono	Margee Neer	(760) 924-1830			
Monterey	Molly C. Hubbard, MS	(831) 755-4683			
Napa	Diane Buchanen	(707) 259-8738			
Nevada	Karen Smith-Sayer	(530) 265-7265			

January 2008
California Dept. of Public Health
Immunization Branch