

Joe Lombardo
Governor



Richard Whitley
Director

Importance of Collecting Immunization Rates in Nevada

Nevada State Immunization Program

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4/26/23



Department of Health and Human Services

Helping people. It's who we are and what we do.





Learning Objectives



1. Explain why Nevada State Immunization Program (NSIP) collects immunization rates from schools and childcares
2. Explain difference in immunization compliance definitions in school setting
3. Explore the impact of religious exemptions in schools / childcares on childhood immunization rates



NV Immunization Requirements



School Requirements

- Kindergarten, 7th and 12th grade requirements, University Entry
- DTaP, IPV, MMR, Hep B, Varicella, Hep A, Tdap, MenACWY

Childcare Requirements

- Hep B, DTaP, Hib, PCV13, IPV, MMR, Varicella, Hep A
- Children being admitted to childcare facility need to receive all required immunizations at the youngest recommended age per the recommendation of the CDC / ACIP.

NRS Information: [Submit Rates | Immunize Nevada](#)

School-required vaccine schedule: [July 15, 2021 TB-IZ Exemption Requirement K12 \(nv.gov\)](#)



Immunization Schedules



School Schedule

Nevada School-Required Vaccination Schedule									
Required Vaccines	2 mo. of age	4 mo. of age	6 mo. of age	12-15 mo. of age	18-24 mo. of age	4-6 yrs. of age	11-12 yrs. of age	16 yrs. of age	Total Doses Required PRIOR to School Entry
DTP, DT, DTaP	1	2	3	4		5*			4 or 5 *If dose #4 is administered on or after 4 th birthday, #5 is not needed
Polio (IPV)	1	2	3			4*			3 or 4 *If dose #3 is administered on or after 4 th birthday, #4 is not needed.
MMR				1		2			2 (doses must be at least 4 weeks apart)
Hepatitis B	1	2	3						
Varicella				1		2			2
Hepatitis A				1	2				2 (doses must be at least 6 months apart)
Tdap							1		1
MCV4							1	2*	1 or 2 *If dose 1 is administered on or after 16 th birthday, no further doses required.

Childcare Schedule

Required Immunization	Age Range	Dose Number	Age Required*
Hepatitis B	6-18 months	3	6 months
DTaP	15-18 months	4	15 months
DTaP	4-6 years	5	4 years
Hib	12-15 months	3 or 4	12 months
PCV13	12-15 months	4	12 months
Polio (IPV)	6-18 months	3	6 months
Polio (IPV)	4-6 years	4	4 years
MMR	12-15 months	1	12 months
MMR	4-6 years	2	4 years
Varicella	12-15 months	1	12 months
Varicella	4-6 years	2	4 years
Hepatitis A	12-23 months	1	12 months
Hepatitis A	18-23 months	2	18 months

*Age required if minimum interval has passed

Immunization Schedules: <https://www.immunizenevada.org/school-vaccinations>



University Requirements

- We do not collect university immunization rates at the State level, but there are still certain requirements for students enrolling in a university in Nevada
- Students must submit proof of immunity to tetanus, diphtheria (Td or Tdap), measles, mumps, and rubella (MMR) before enrolling.
- Students younger than 23 and enrolled as a freshman must also submit proof of immunity against meningitis – One dose of MenACWY on or after age 16 will satisfy this requirement.
- UNR: [Immunization Requirements | Freshman Admissions | University of Nevada, Reno \(unr.edu\)](#)
- UNLV: [Immunizations | Office of the Registrar | University of Nevada, Las Vegas \(unlv.edu\)](#)



Why do we collect rates?

- Important if there's an outbreak of a vaccine-preventable disease
- Collaborate with Department of Education (DOE) and Immunize Nevada to discuss school immunization rates





How do we collect this data?



RedCap surveys that are accessible to schools and childcares

- We collect school information, enrollment numbers, up to date rates for vaccines in each grade, exemptions, number of students with conditional enrollment and/or non-compliance

Surveys open in September each year, due by December 31 annually

Accessible here: [Submit Rates | Immunize Nevada](#)



Rate Reporting Definitions



Up to date (UTD)

- Students have all the doses of the required vaccines for school / childcare entry

Conditional enrollment

- The student does not have the required immunizations due to the minimum age requirements and / or dose intervals and is in the process of completing the series of shots.

Non-compliant

- The student does not have required immunizations, does not have a signed medical or religious exemption, and is not considered conditional.



School Survey



Nevada School Immunization Rate Reporting Survey

AAA

Please complete the survey below.

Thank you!

First name
* must provide value

Last name
* must provide value

Job title
* must provide value

Phone number
* must provide value
Please enter phone number without parentheses or dashes.

Email address
* must provide value

Is your school public, private, or charter?
* must provide value

public
 private
 charter

School name
* must provide value
If your school is not listed, please select "Other" and enter your school name.

School's physical address
* must provide value

City
* must provide value

Zip code
* must provide value

County
* must provide value

Do you have students enrolled in kindergarten?
* must provide value

Yes
 No

reset
If your answer is yes, you will complete kindergarten questions.

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Nevada School Immunization Rate Reporting Survey

AAA

Kindergarten

(1) Total # of students enrolled in kindergarten
* must provide value

(2a) Total # of students UTD for DTaP
* must provide value
DTaP: Diphtheria, tetanus and acellular pertussis

(2b) Total # of students UTD for IPV
* must provide value
IPV: Polio

(2c) Total # of students UTD for Hep B
* must provide value
Hep B: Hepatitis B

(2d) Total # of students UTD for Hep A
* must provide value
Hep A: Hepatitis A

(2e) Total # of students UTD for MMR
* must provide value
MMR: Measles, mumps, and rubella

(2f) Total # of students UTD for Varicella
* must provide value
Varicella: Chickenpox

(3) Total # of students medically exempt from any required vaccines
* must provide value

(3a) Total # of students medically exempt from DTaP
* must provide value
DTaP: Diphtheria, tetanus and acellular pertussis

(3b) Total # of students medically exempt from IPV
* must provide value
IPV: Polio

(3c) Total # of students medically exempt from Hep B
* must provide value
Hep B: Hepatitis B

(3d) Total # of students medically exempt from Hep A
* must provide value
Hep A: Hepatitis A

(3e) Total # of students medically exempt from MMR
* must provide value
MMR: Measles, mumps and rubella

(3f) Total # of students medically exempt from Varicella
* must provide value
Varicella: Chickenpox

(4) Total # of students religiously exempt from any required vaccines
* must provide value

(3e) Total # of students medically exempt from MMR
* must provide value
MMR: Measles, mumps and rubella

(3f) Total # of students medically exempt from Varicella
* must provide value
Varicella: Chickenpox

(4) Total # of students religiously exempt from any required vaccines
* must provide value

(4a) Total # of students religiously exempt from DTaP
* must provide value
DTaP: Diphtheria, tetanus and acellular pertussis

(4b) Total # of students religiously exempt from IPV
* must provide value
IPV: Polio

(4c) Total # of students religiously exempt from Hep B
* must provide value
Hep B: Hepatitis B

(4d) Total # of students religiously exempt from Hep A
* must provide value
Hep A: Hepatitis A

(4e) Total # of students religiously exempt from MMR
* must provide value
MMR: Measles, mumps and rubella

(4f) Total # of students religiously exempt from Varicella
* must provide value
Varicella: Chickenpox

(5) Total # of students exempt from all required vaccines
* must provide value

(6) Total # of students with documented Varicella disease
* must provide value

(7) Total # of students conditionally enrolled
* must provide value
Conditionally Enrolled: the student does not have required immunizations due to the minimum age requirements and/or dose intervals and is in the process of completing the series of shots.

(8) Total # of students non-compliant
* must provide value
Non-compliant: the student does not have required immunizations, does not have a signed medical or religious exemption form, and is not considered conditional.

Do you have students enrolled in 7th grade?
* must provide value

Yes
 No

reset
If your answer is yes, you will complete 7th grade questions.

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Childcare Survey



Nevada Child Care Facility Immunization Rate Reporting Survey



Please complete the survey below.

Thank you!

First name <small>* must provide value</small>	<input type="text"/>
Last name <small>* must provide value</small>	<input type="text"/>
Job title <small>* must provide value</small>	<input type="text"/>
Phone number <small>* must provide value</small>	<input type="text"/> <small>Please enter phone number without parentheses or dashes.</small>
Email address <small>* must provide value</small>	<input type="text"/>
Child care facility name <small>* must provide value</small>	<input type="text"/> <small>If your child care facility is not listed, please select other and enter your facility name.</small>
Child care facility's physical address <small>* must provide value</small>	<input type="text"/>
City <small>* must provide value</small>	<input type="text"/>
Zip Code <small>* must provide value</small>	<input type="text"/>
County <small>* must provide value</small>	<input type="text"/>

Child Care Facility

(1) As of September 1st, how many children are enrolled in your child care facility? <small>* must provide value</small>	<input type="text"/>
(1a) As of September 1st, how many one (1) year old children are enrolled in your child care facility? <small>* must provide value</small>	<input type="text"/>
(1b) As of September 1st, how many 18 month through 3 year old children are enrolled in your child care facility? <small>* must provide value</small>	<input type="text"/>
(1c) As of September 1st, how many 4 year old's are enrolled in your child care facility?	<input type="text"/>

<small>* must provide value</small>	
(1c) As of September 1st, how many 4 year old's are enrolled in your child care facility? <small>* must provide value</small>	<input type="text"/>
(2) Total # UTD for children 1 years of age <small>* must provide value</small>	<input type="text"/> <small>Up-to-date (UTD): children have received all age required child care immunizations by the first day of entry (excluding medical exemptions, religious exemptions, and conditionally enrolled).</small>
(3) Total # UTD for children 18 months through 3 years of age (3 years and 0 days) <small>* must provide value</small>	<input type="text"/> <small>Up-to-date (UTD): children have received all age required child care immunizations by the first day of entry.</small>
(4) Total # of UTD children 4 years of age (4 years and 30 days) <small>* must provide value</small>	<input type="text"/> <small>Up-to-date (UTD): children have received all age required child care immunizations by the first day of entry.</small>
(5) Total # of children medically exempt from any required vaccines <small>* must provide value</small>	<input type="text"/>
(5a) Total # of children medically exempt from DTaP <small>* must provide value</small>	<input type="text"/> <small>DTaP: Diphtheria, tetanus, and acellular pertussis</small>
(5b) Total # of children medically exempt from Varicella <small>* must provide value</small>	<input type="text"/> <small>Varicella: Chickenpox</small>
(5c) Total # of children medically exempt from MMR <small>* must provide value</small>	<input type="text"/> <small>MMR: Measles, mumps, and rubella</small>
(6) Total # of children religiously exempt from any required vaccines <small>* must provide value</small>	<input type="text"/>
(6a) Total # of children religiously exempt from DTaP <small>* must provide value</small>	<input type="text"/> <small>DTaP: Diphtheria, tetanus and acellular pertussis</small>
(6b) Total # of children religiously exempt from Varicella <small>* must provide value</small>	<input type="text"/> <small>Varicella: Chickenpox</small>
(6c) Total # of children religiously exempt from MMR <small>* must provide value</small>	<input type="text"/> <small>MMR: Measles, mumps and rubella</small>
(7) Total # of children conditionally enrolled <small>* must provide value</small>	<input type="text"/> <small>Conditionally Enrolled: the child does not have required immunizations due to the minimum age requirements and/or dose intervals and is in the process of completing the series of shots.</small>

Submit



What do we do with this data?



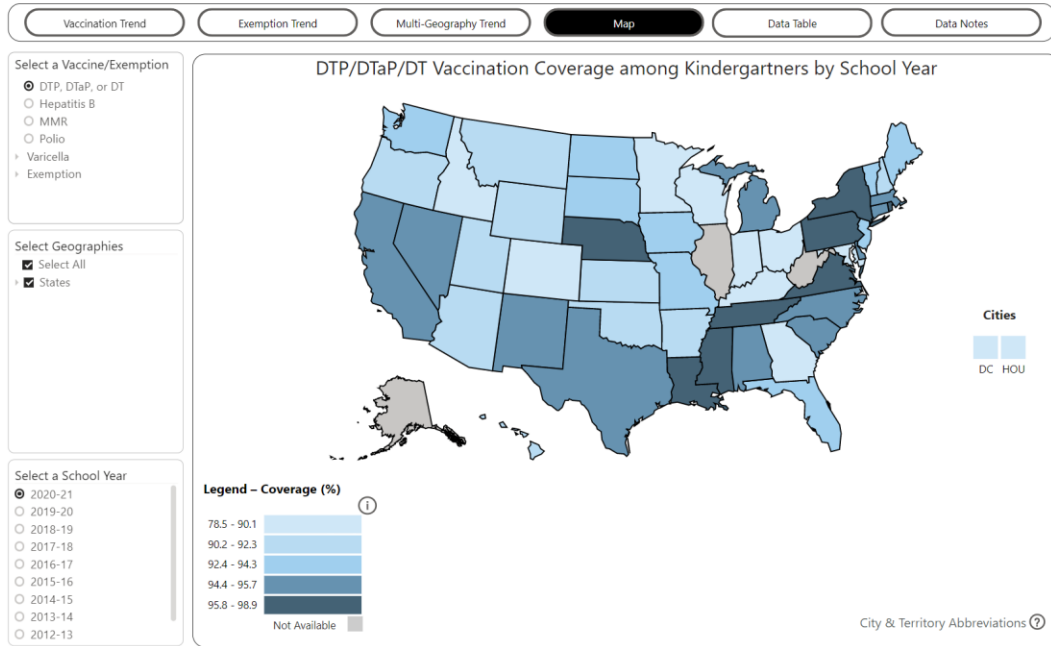
- Immunization report cards
- Identify schools / childcares with religious exemption rates above 5%
 - 39% of public schools - kindergarten
 - 47% of private schools - kindergarten
 - 25% of childcare facilities
- Send kindergarten immunization data to CDC annually, which gets published to School Vax View
 - [SchoolVaxView | CDC](#)



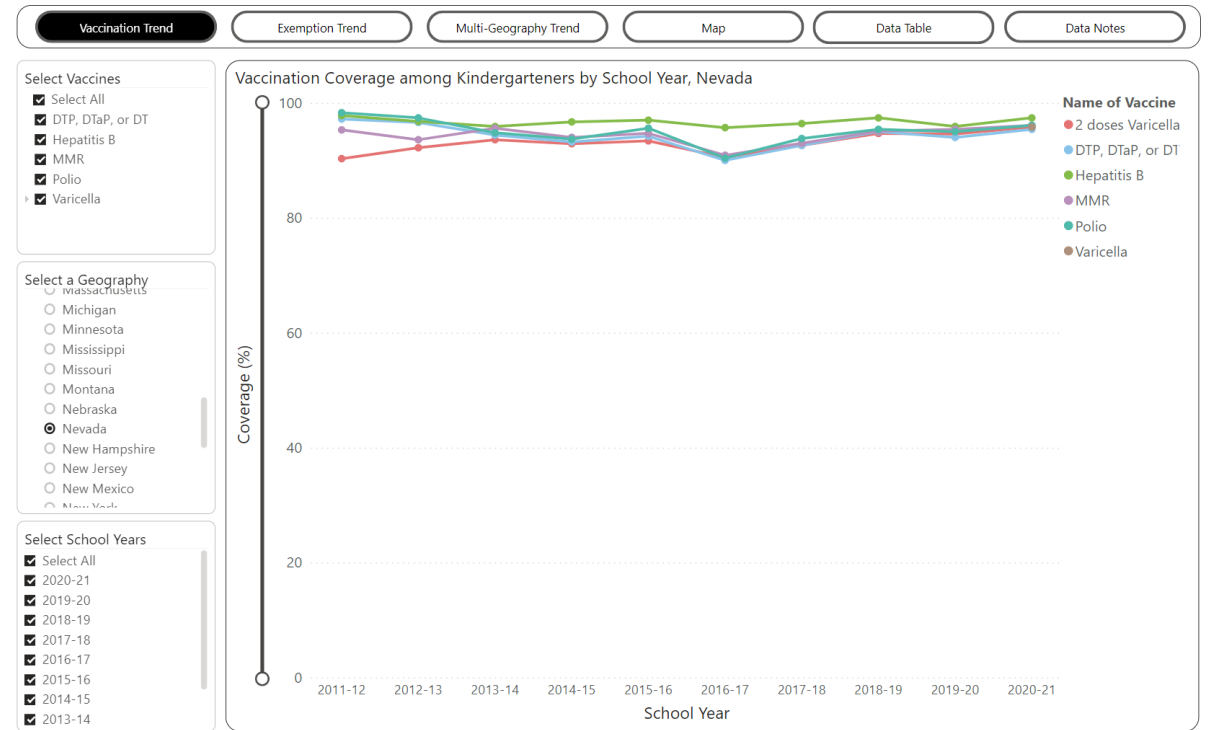
Kindergarten Immunization Rates by State



[User Quick Guide](#) | [Download Data Table](#) | [Back to SchoolVaxView main page](#)



[User Quick Guide](#) | [Download Data Table](#) | [Back to SchoolVaxView main page](#)





Exemptions in Nevada



2 types of exemptions in Nevada

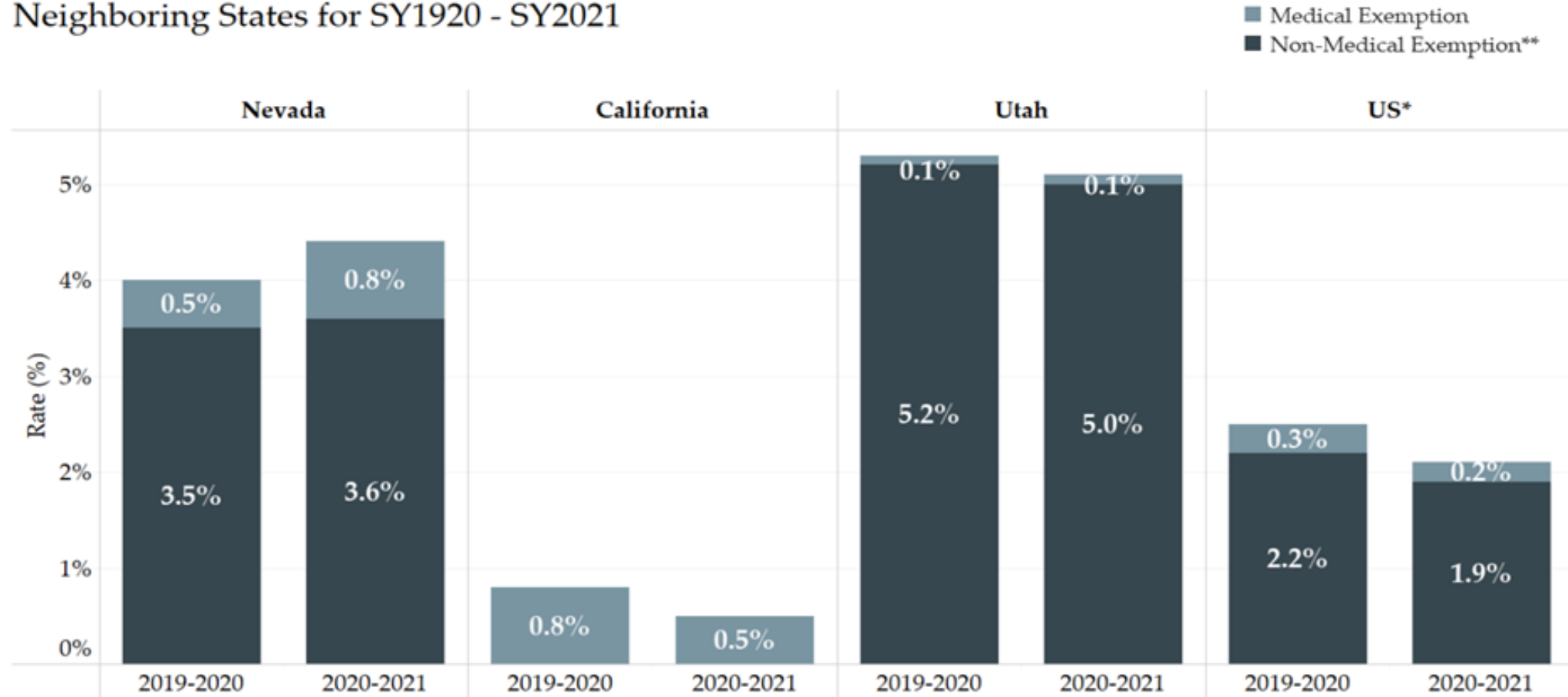
- **Religious** – Nevada Department of Public and Behavioral Health (DPBH) State Religious Immunization Certificate provided by parent / guardian who prohibits the immunization(s) of student due to religious beliefs, and updates it annually
- **Medical** – Parent / guardian provided NV DPBH State Medical Immunization Exemption Certificate signed by licensing physician (MD or DO) or an Advanced Practice Registered Nurse (APRN) stating that the medical condition of the student will not permit the student to be immunized. This may or may not have an expiration date attached.



National Kindergarten Exemption Rates



Kindergarten Vaccination Exemption Rates Vaccination Coverage Rates in Nevada, the US*, and Neighboring States for SY1920 - SY2021



***Denotes any exemption type that is not a medical exemption, including religious and philosophical exemptions.*



Impact of Religious Exemptions



- Decline in immunization rates over the past few years, and increase in religious exemptions
- Some factors of childhood / adolescent rates declining may be due to:
 - COVID-19 pandemic
 - Rising vaccine hesitancy
 - Political factors
 - Misinformation + disinformation



How can we improve rates?



- **Everyone** can be involved and advocate for immunizations
- **School and childcare staff** can join the School and Childcare Taskforce (SCTF) monthly meetings to collaborate on improving vaccine rates in our communities
- **Providers / clinics** can provide opportunities for families to access low cost routine immunizations year round, focusing especially in underserved areas where people may not have insurance



Questions?



Contact Information



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Acronyms



DPBH – Division of Public and Behavioral Health

NSIP – Nevada State Immunization Program

UTD – Up to date

NRS – Nevada Revised Statutes

CDC – Centers for Disease Control & Prevention

ACIP – Advisory Committee on Immunization Practices

DTaP – Diphtheria, Tetanus, Pertussis

IPV – Inactivated Polio Vaccine

Hib – Haemophilus Influenzae Type B

MMR – Measles, Mumps, Rubella

Hep A – Hepatitis B

Hep B – Hepatitis A

PCV13 – Pneumococcal Conjugate Vaccine

Tdap – Tetanus, Diphtheria, Pertussis

MenACWY – Meningococcal ACWY