Maine's Vaccine Law: What Pediatricians Need To Know

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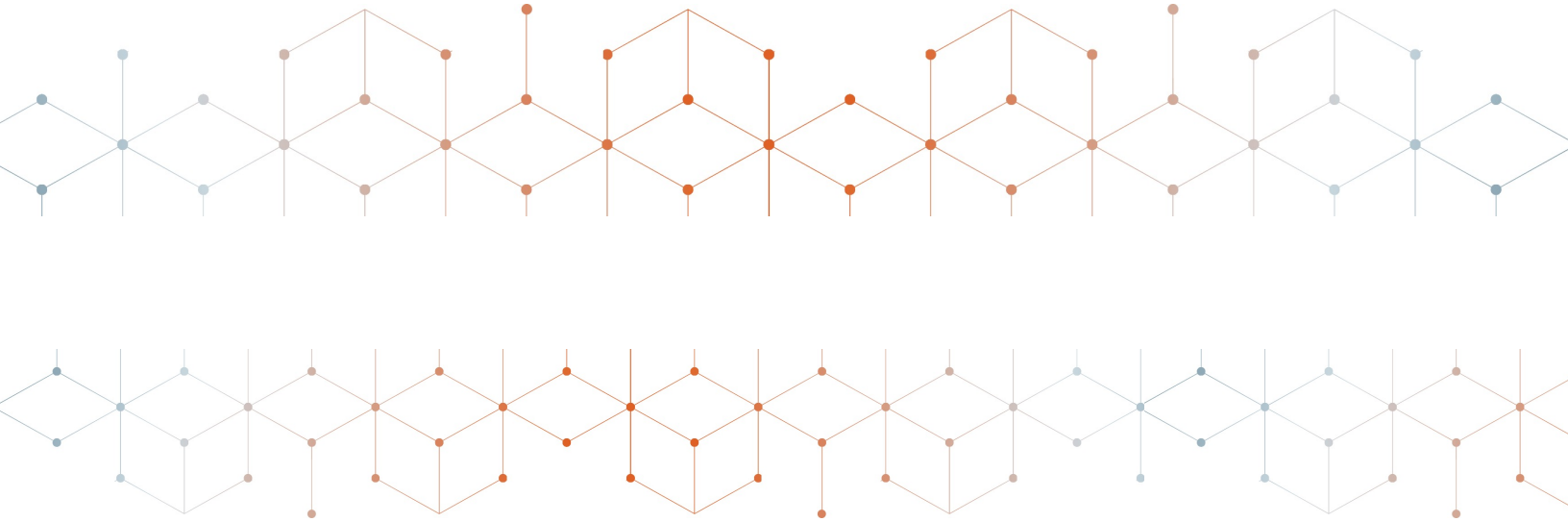
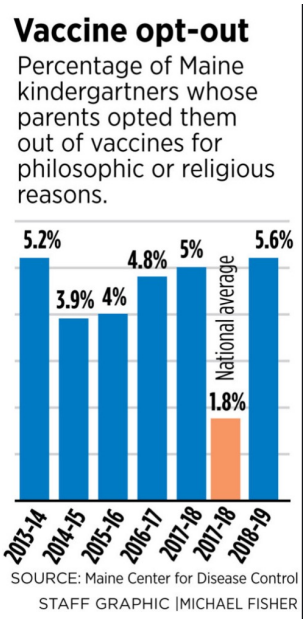


Objectives

- **Understand Maine's New Vaccine Law and Its Implications**
- **Learn what vaccines are and are not covered by the law**
- **Discuss "Proof of Immunity"**
- **Medical Exemptions**
- **Catch Up Immunizations**
- **Q&A**

Religious & Philosophical Then & Now

- **Prior to 2021, parents could simply state a philosophical or religious exemption.**
  - 48% of kindergartens had vaccine rates below community immunity.
  - Outbreaks of pertussis, chickenpox, mumps and measles
- **Maine joined WV, MI, CA in removing these exemptions.**
  - NY, CT joined after measles outbreaks in their states.
  - VT banned just philosophical, and saw its religious rates increase by the number of philosophical in previous year.
- **Medical exemptions only in Maine starting 9/2021.**



Maine's Vaccine Law

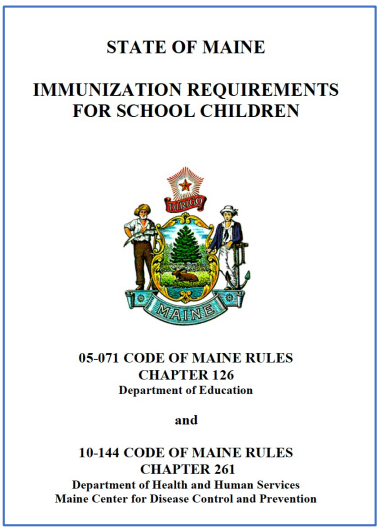
- **Previous law allowed religious or philosophical immunization exemptions**
  - elementary and secondary schools (private and public)
  - postsecondary schools
  - employees of nursery schools
  - health care facilities
- **New Law removes those exemptions.**
  - Department of Education (DOE) and the Department of Health and Human Services to remove any immunization exemptions based on religious or philosophical beliefs from their rules.
- **Requires the DOE to adopt rules allowing a student who:**
  - Is covered by an individualized education plan
  - and has elected a philosophical or religious exemption from immunization requirements to
  - continue to attend school under the existing exemption as long as
  - an appropriate medical professional provides a statement that the medical professional has provided information on the risks and benefits associated with the choice to immunize.

Law Details

- **Student Education protected by:**
  - Free and Appropriate Public Education (FAPE)
  - Individuals with Disabilities Education Act (IDEA)
- IEPs ensure a child with a disability attending an elementary or secondary educational institution receives specialized instruction and related services.
- A student who qualifies for IEP services does so under IDEA.
- Bills like PL154 may preclude children who receive special education from enrolling in public school, and has been argued (unsuccessfully) in some states as denying their right to FAPE in the least restrictive environment, a potential violation of the IDEA.

Immunization Requirements

- **Remove from rules <u>any immunization exemptions based on religious or philosophical beliefs.</u>**
  - Rules for the Licensing of Child Care Facilities (OCFS Rule)
  - Family Childcare Provider Licensing Rule (OCFS Rule)
  - Rules for the Licensing of Nursery Schools (OCFS Rule)
  - Immunization Requirements for School Children (DOE and Maine CDC Joint Rule)
  - Rules and Regulations Post-secondary School Immunizations Required (Maine CDC Rule)
  - Requirements for Healthcare Workers (Maine CDC Rule)



STATE OF MAINE

IMMUNIZATION REQUIREMENTS
FOR SCHOOL CHILDREN

05-071 CODE OF MAINE RULES
CHAPTER 126
Department of Education

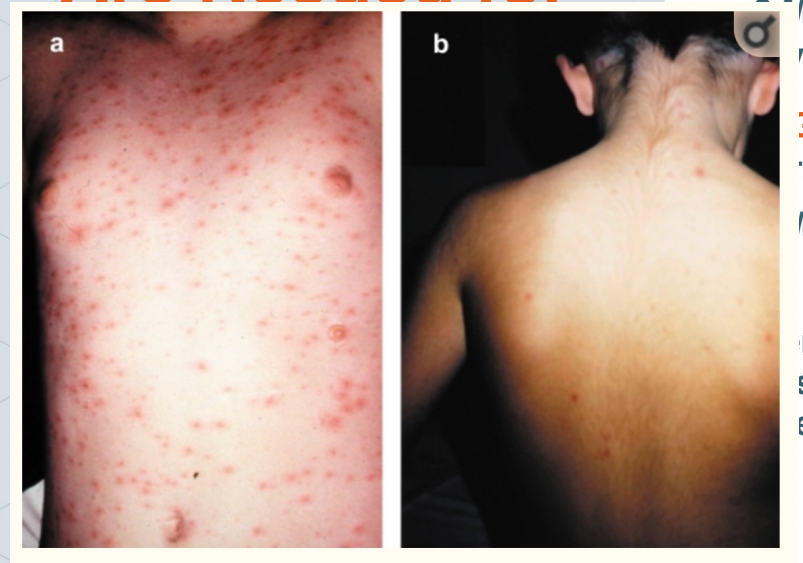
and

10-144 CODE OF MAINE RULES
CHAPTER 261
Department of Health and Human Services
Maine Center for Disease Control and Prevention

What Vaccines?

- **Vaccine requirements are different depending on institution.**
  - Schools
  - Child Care
  - College/University
  - Health Care settings

What Vaccines Are Needed for



Kindergarten

- **5 DTaP** (4 DTaP
  birthday)
- **4 Polio** (if 4th d
  an additional ag
  given on or afte
- **MMR**
- **Varicella**

Grade

- **dap**
- **Meningococcal conjugate (MCV4)**

Grade

- **ningococcal conjugate (MCV4) (only one se is required if 1st dose is given on or er 16th birthday)**

Note 1 Varicella
-Approximately 25% breakthrough
-Less severe disease
-But also contagious…
-2007 ACIP Recommended 2 doses

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2680555/

What Vaccines? Childcare

Vaccine	DTaP	Hib	Polio	MMR	Varicella	Hepatitis B	PVC13	Hepatitis A	Rotavirus*
At 2 months	1st	1st	1st			1st	**1st		1st
At 4 months	2nd	2nd	2nd			2nd	2nd		2nd
At 6 months	3rd	3rd	(2)				3rd		*3rd
By 15 months	(3)	(3)	(2)	1st	1st	3rd	4th	1st	
At 18 months	4th		3rd	(1)	(1)	(3)		2nd	
By 36 months	(4)		(3)	(1)	(1)			(1)	
By 48 months	(4)		(3)	(1)	(1)			(1)	
At age 5 Kindergarten entry	5th		4th	2nd	(1)				

https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/documents/Daycare-Immunization-standards-revised.pdf

What Vaccines? Postsecondary

- 2 MMR after first birthday
- 1 Td or Tdap given within the last 10 years

Summary on Maine AAP

Maine's Vaccine Quick Sheet					
Vaccine	Kindergarten	7th grade	12th grade	Post HS	Childcare
DTAP	x	x		x	x
IPV	x				x
MMR	x			x	x
VZV	x				x
Meningococcal		x	x		
HiB					x
PCV13					x
Hep A					x
Hep B					x

https://www.maineaap.org

What Vaccines NOT included for K-12 Schools?

- Hepatitis A
- Hepatitis B
- Pneumococcal
- Human Papilloma Virus (HPV)
- H. Flu B (HiB)
- Rotavirus
- Influenza
- COVID-19

Certification or Proof of Immunity

- **Certificate of Immunization**
  - Physician, nurse, public health official, or school health provider who has administered the immunizing agent(s) to the student.
  - The certificate shall specify the immunizing agent, and the date(s) on which it was administered.
- **Proof of Immunity =** Laboratory evidence demonstrating immunity.

Why 1 dose isn't

What other vaccines are live?
-MMR
-VZV (and Zostavax)
-Influenza internasal
-Yellow Fever
-Rotavirus

- **Not enough immunity generated.**
  - For some vaccines (primarily inactivated vacci… maximum immunity, 2nd dose required for com… …e is a good example.
  - This is especially true for live vaccines (e.g. MMR)
- **Immunity Wanes.**
  - For some vaccines immunity wears off & 'boosters' are needed. Tdap is a good example.
- **New Variants Require New Vaccine**
  - Flu and COVID-19

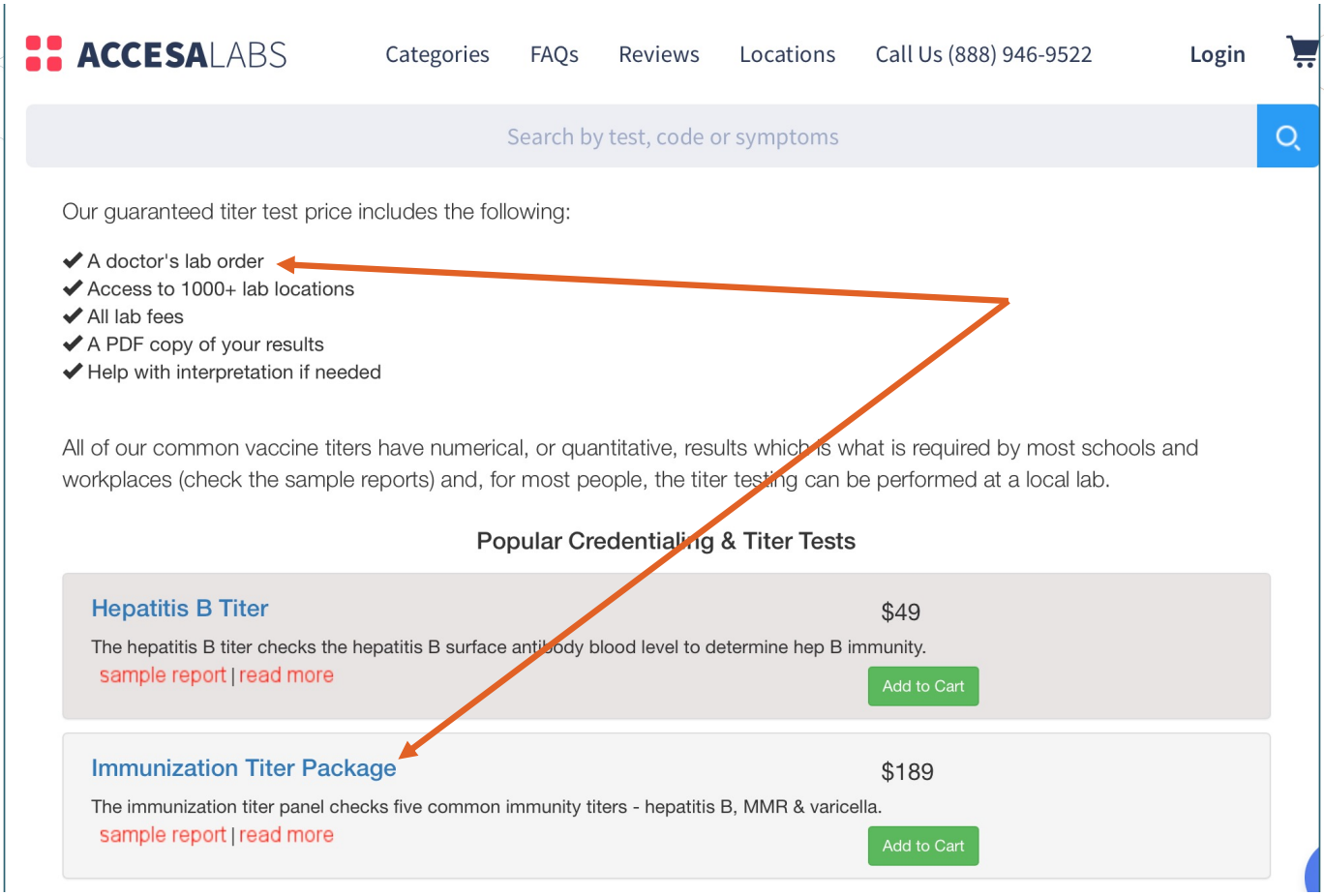
https://www.cdc.gov/vaccines/hcp/conversations/downloads/vacsafe-understand-color-office.pdf

Proof of Immunity

- **Just because there are antibodies present doesn't mean a person is immune or will stay immune.**
- **Vaccine dosage is based on evidence:**
  - If a shot could be given as a one time shot and generate adequate immunity, it would have been approved that way.
- **Not all testing laboratories are of equal validity.**

National Vaccine Information Center
Your Health. Your Family. Your Choice.

"Private medical laboratories can perform the blood titer test and measure the level of antibodies and provide you with a report that you can submit with the request for an exemption if the antibody titers are high enough according to accepted standards. A blood titer test that measures antibody levels can cost $55 or more, depending on the disease."



Medical Exemptions Then & Now

THEN

- Medical contraindications were listed in State Rules

NOW

- DO, MD, NP, PA
- “in their professional judgment, immunization against one or more of the diseases may be medically inadvisable.

B. Medical Exemptions

The following are medical contraindications for which medical exemptions may be certified by a physician for immunizations required by 20-A M.R.S. §§ 6352-6359:

Pertussis vaccine: 1) fever greater than or equal to 40.5 C (105 F); collapse or shock-like state (hypotonic-hyporesponsive episode), or persistent, inconsolable crying lasting three or more hours within 48 hours of receiving a prior dose of the pertussis vaccine; 2) seizures occurring within three days of receiving a prior dose of pertussis vaccine; 3) encephalopathy within seven days of administration of a previous dose of pertussis vaccine; or 4) anaphylactic reaction to pertussis vaccine or a vaccine constituent.

Diphtheria or tetanus toxoids: 1) anaphylactic reaction to diphtheria or tetanus toxoids or a toxoid constituent.

Measles or mumps vaccine: 1) pregnancy; 2) known altered immunodeficiency (hematologic and solid tumors; congenital immunodeficiency; and long-term immunosuppressive therapy); 3) anaphylactic reactions to egg ingestion or to neomycin; 4) anaphylactic reaction to measles or mumps vaccine or a vaccine constituent.

Rubella vaccine: 1) pregnancy; 2) known altered immunodeficiency (hematologic and solid tumors: congenital immunodeficiency; and long-term immunosuppressive therapy); 3) anaphylactic reactions to neomycin; 4) anaphylactic reaction to rubella vaccine or a vaccine constituent.

Live polio vaccine: 1) known altered immunodeficiency (hematologic and solid tumors; congenital immunodeficiency; long-term immunosuppressive therapy); other immunodeficient condition; 2) immunodeficient household contact; 3) anaphylactic reaction to polio vaccine or a vaccine constituent.

Inactivated polio vaccine: 1) anaphylactic reactions to neomycin or streptomycin; 2) anaphylactic reaction to polio vaccine or a vaccine constituent.

Varicella: 1) pregnancy; 2) immunosuppression; 3) anaphylactic reaction to a vaccine component; 4) recent recipient of antibody-containing blood product.

Quadrivalent meningococcal conjugate vaccine: 1) pregnancy; or 2) anaphylactic reaction to meningococcal vaccine or a vaccine constituent.

Medical Exemptions: Contraindications

https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

Contraindications

- Conditions in a recipient that increases the risk for serious adverse reaction to vaccinations
- Majority of contraindications are temporary, vaccinations often can be administered later when the condition no longer exists.

Examples

- Severely immunocompromises persons should generally not receive live vaccines.
- Live attenuated virus vaccines, because of a theoretical risk to the fetus, should generally not be given to pregnant women.
- Persons who experienced encephalopathy within seven days after administration of a previous dose of pertussis containing vaccine (not attributable to other identifiable causes) should not receive additional doses of the vaccine that contains pertussis.
- Severe combined immunodeficiency disease (SCID) and a history of intussusception are both contraindications to run a virus vaccines.

Medical Exemptions: Precautions

https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

Precautions

- Conditions that might increase the risk for serious adverse reaction, my caused diagnostic confusion, or might compromise the ability of the vaccine to produce immunity.
- Vaccine might be indicated even in the presence of a precaution if the benefit outweighs the risk. .

Examples

- Moderate or severe acute illness with or without a fever.

  THE SAFETY AND EFFICACY OF VACCINATION IN MILD ILLNESSES HAS BEEN ESTABLISHED.
- Administering measles vaccine to a person with passive immunity to measles from a blood transfusion administered up to seven months prior.
- Current, recent or upcoming anesthesia/surgery/hospitalization is not necessarily a contraindication to vaccination.
- A personal or family history of seizures is a precaution for MMR vaccination.

  STUDY FINDING INCREASED RISK OF FEBRILE SEIZURES IN CHILDREN 12-23 MONTHS WHO RECEIVED MMRV COMPARED WITH MMR AND VARICELLA SEPARATELY.

Conditions incorrectly perceived as Precaution or Contraindication

https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

All Vaccines

- Mild acute illness with or without fever
- Current antimicrobial therapy
- Preterm birth
- Recent exposure to infectious disease
- Receiving allergen immunotherapy
- History of penicillin allergy
- History of Guillane-Barre Syndrome

  UNLESS <6WEEKS AFTER INFLUENZA VACCINE

Flu

- Non-severe allergy to latex or egg

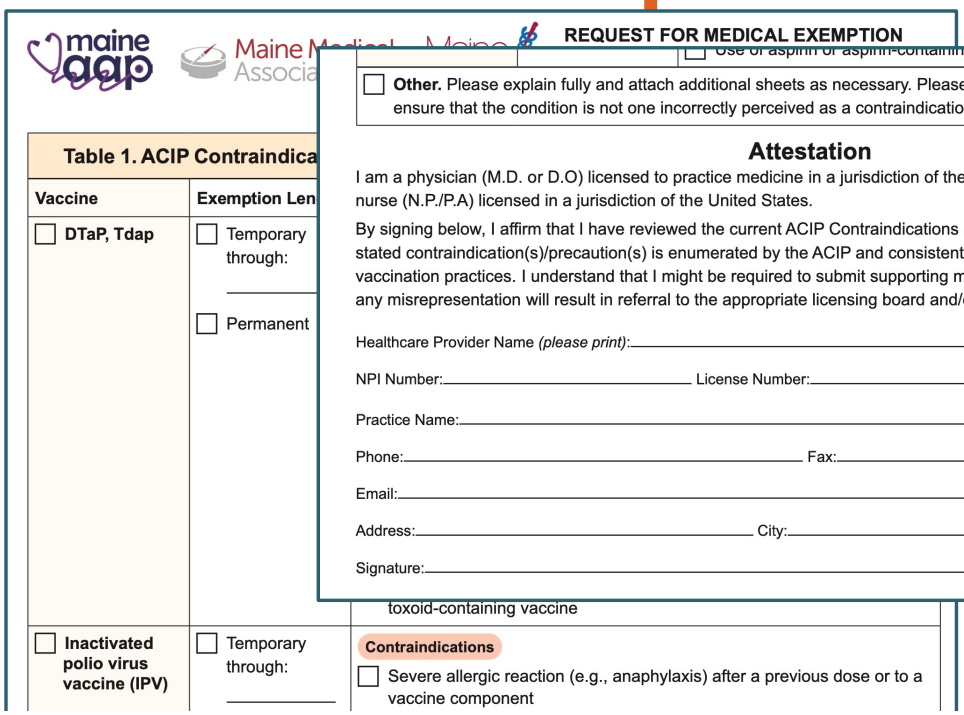
MMR

- Positive TB skin test
- Breast-feeding
- Immunodeficient family member in the household
- Asymptomatic or mildly symptomatic HIV infection

DTaP

- Fever after a prior vaccination
- Seizure less than three days after previous DTP/DTaP dose
- Family history of seizures or SIDS
- Stable neurologic condition (e.g. cerebral palsy, well-controlled seizures, developmental delay)

Medical Exemption Forms



REQUEST FOR MEDICAL EXEMPTION

Use of aspirin or aspirin-containing products

☐ **Other.** Please explain fully and attach additional sheets as necessary. Please be sure to check Table 2 below to ensure that the condition is not one incorrectly perceived as a contraindication or precaution.

Attestation

I am a physician (M.D. or D.O) licensed to practice medicine in a jurisdiction of the United States or an advanced practice nurse (N.P./P.A) licensed in a jurisdiction of the United States.

By signing below, I affirm that I have reviewed the current ACIP Contraindications and Precautions and affirm that the stated contraindication(s)/precaution(s) is enumerated by the ACIP and consistent with established national standards for vaccination practices. I understand that I might be required to submit supporting medical documentation. I understand that any misrepresentation will result in referral to the appropriate licensing board and/or regulatory agency.

Healthcare Provider Name *(please print)*:_____ Specialty:_____

NPI Number:_____ License Number:_____ State of Licensure: _____

Practice Name:_____

Phone:_____ Fax:_____

Email:_____

Address:_____ City:_____ State:_____ Zip:_____

Signature:_____ Date:_____

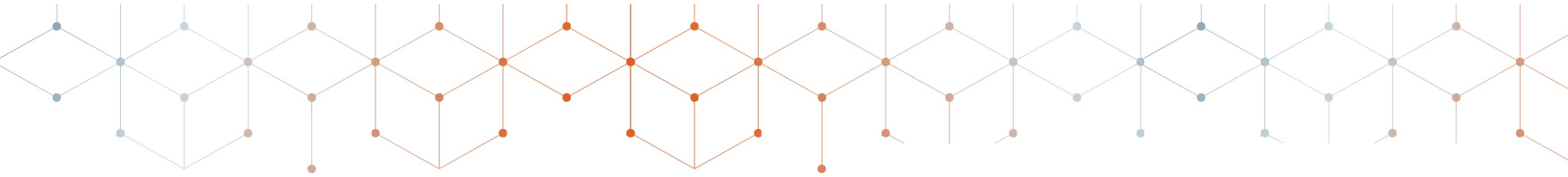
Table 1. ACIP Contraindica

Vaccine	Exemption Len	
☐ **DTaP, Tdap**	☐ Temporary through: _____ ☐ Permanent	toxoid-containing vaccine
☐ **Inactivated polio virus vaccine (IPV)**	☐ Temporary through: _____	**Contraindications** ☐ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component

https://www.maineaap.org/assets/docs/Maine-AAP-School-Med-Exempt-Form-v3-20210511.pdf

IEP Exemption Process

- Student with IEP on September 1, 2021
- Must obtain statement of counseling from
  - DO, MD, PA, NP
  - Staying provider made parent or guardian aware of the risks and benefits associated with the choice to immunize.
- Resources to Assist Providers
  - Refusal To Vaccinate Form provided by the AAP as documentation of counseling.
    - https://www.aap.org/en-us/documents/immunization_refusaltovaccinate.pdf
  - Maine DOE Immunization Exemption Form
    - https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/Immunization%20Exemption%20IEP%20%281%29.pdf



Immunization Exemption Form

Student Name: _____ Date of Birth: _____

In accordance with MRS 20-A §6355, a student covered by an Individualized Education Plan on September 1, 2021 who elected a philosophical or religious exemption from immunization requirements on or before September 1, 2021 pursuant to the law in effect prior to that date may continue to attend school under that student's existing exemption as long as:

A. The parent or guardian of the student provides a statement from a licensed physician, nurse practitioner or physician assistant that the physician, nurse practitioner or physician assistant has consulted with that parent or guardian and has made that parent or guardian aware of the risks and benefits associated with the choice to immunize; or

B. If the student is 18 years of age or older, the student provides a statement from a licensed physician, nurse practitioner or physician assistant that the physician, nurse practitioner or physician assistant has consulted with that student and has made that student aware of the risks and benefits associated with the choice to immunize.

I/we have elected to have a philosophical or religious exemption from immunization requirements for this person prior to Sept 1, 2021 and are continuing to do so as this person has an individualized education program (IEP) in place.

This exemption is for the following immunizations:

- o All required immunizations
- o The following specific immunizations:
  - o Diphtheria, Tetanus, Pertussis
  - o Polio
  - o Measles/Mumps/Rubella
  - o Varicella
  - o Meningococcal disease

I understand that I must provide a statement from a healthcare provider as listed above to accompany this form and must do this annually. The Special Education Director of this person's school district will certify that an IEP is currently in place on or before September 1, 2021.

I understand that in the case of an outbreak of a specific disease, for which my child is not protected, my child may be kept out of school and school activities as advised by the Maine Centers for Disease Control and Prevention. The length of time my child will be kept out may vary depending on the disease and the length of the outbreak. I also understand that if my child is kept out of school, the school is not required to provide off-site classes or tutoring. The child's educational needs may be met by making arrangements for the delivery of school assignments, correction of papers, and similar activities which can be accomplished at home. Any child who is unable to take examinations during this period shall be afforded the opportunity to make up the examinations, similar to arrangements made for children who have other excused absences.

_____

Printed Name and Signature Relationship to student Date

FOR SCHOOL USE ONLY

☐ Statement from healthcare provider received.

☐ I, _____, a school administrative unit representative for Special Education, certify that an IEP is in place for the student listed above on or before September 1, 2021 which makes them eligible to maintain the philosophical or religious exemption for immunization requirements.

_____

Signature Date

Communication with Schools

- COVID-19 has strengthened communication pathways between school health staff and providers.
- Providers will need to be in contact with schools about temporary or permanent medical exemptions for students.
- MeAAP is working closely with DOE to ensure appropriate lines of communications.

Catch Up Schedules

- **Divided into 4mo-6years and 7-19 years**
- **Some vaccines are 'aged out of'**
  - **i.e. Rotavirus, HiB, Pneumococcal**
- **Some vaccines have different number of doses at older ages**

Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 month Behind, United States, 2021

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the notes that follow.**

Children age 4 months through 6 years

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	**4 weeks**	**8 weeks** *and* **at least 16 weeks after first dose.** Minimum age for the final dose is 24 weeks.		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	**4 weeks**	**4 weeks** Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis	6 weeks	**4 weeks**	**4 weeks**	**6 months**	**6 months**
Haemophilus influenzae type b	6 weeks	**No further doses needed** if first dose was administered at age 15 months or older. **4 weeks** if first dose was administered before the 1st birthday. **8 weeks (as final dose)** if first dose was administered at age 12 through 14 months.	**No further doses needed** if previous dose was administered at age 15 months or older. **4 weeks** if current age is younger than 12 months *and* first dose was administered at younger than age 7 months *and* at least 1 previous dose was PRP-T (Actihib, Pentacel, Hiberix) or unknown. **8 weeks** *and* **age 12 through 59 months (as final dose)** if current age is younger than 12 months *and* first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months *and* first dose was administered before the 1st birthday *and* second dose was administered at younger than 15 months; OR if both doses were PRP-OMP (PedvaxHIB, Comvax) *and* were administered before the 1st birthday.	**8 weeks (as final dose)** This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	**No further doses needed** for healthy children if first dose was administered at age 24 months or older. **4 weeks** if first dose was administered before the 1st birthday. **8 weeks (as final dose for healthy children)** if first dose was administered at the 1st birthday or after.	**No further doses needed** for healthy children if previous dose was administered at age 24 months or older. **4 weeks** if current age is younger than 12 months and previous dose was administered at <7 months old. **8 weeks (as final dose for healthy children)** if previous dose was administered between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was administered before age 12 months.	**8 weeks (as final dose)** This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus	6 weeks	**4 weeks**	**4 weeks** if current age is <4 years. **6 months (as final dose)** if current age is 4 years or older.	**6 months** (minimum age 4 years for final dose).	
Measles, mumps, rubella	12 months	**4 weeks**			
Varicella	12 months	**3 months**			
Hepatitis A	12 months	**6 months**			
Meningococcal ACWY	2 months MenACWY-CRM 9 months MenACWY-D 2 years MenACWY-TT	**8 weeks**	See Notes	See Notes	

Children and adolescents age 7 through 18 years

Meningococcal ACWY	Not applicable (N/A)	**8 weeks**			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	**4 weeks**	**4 weeks** if first dose of DTaP/DT was administered before the 1st birthday. **6 months (as final dose)** if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday.	**6 months** if first dose of DTaP/DT was administered before the 1st birthday.	
Human papillomavirus	9 years	**Routine dosing intervals are recommended.**			
Hepatitis A	N/A	**6 months**			
Hepatitis B	N/A	**4 weeks**	**8 weeks** *and* **at least 16 weeks after first dose.**		
Inactivated poliovirus	N/A	**4 weeks**	**6 months** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	**4 weeks**			
Varicella	N/A	**3 months** if younger than age 13 years. **4 weeks** if age 13 years or older.			

Catch Up Schedules

K-12

- **5 DTaP (4 DTaP if 4th is given on or after 4th birthday)**
- 4 Polio (if 4th dose given before 4th birthday, an additional age appropriate IPV should be given on or after the 4th birthday)
- 2 MMR
- 1 Varicella

Total Catchup Time: 13 months

Children age 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months

Catch Up Schedules

K-12

- 5 DTaP (4 DTaP if 4th is given on or after 4th birthday)
- **4 Polio (if 4th dose given before 4th birthday, an additional age appropriate IPV should be given on or after the 4th birthday)**
- 2 MMR
- 1 Varicella

Total Catchup Time: <3yr 4mo = 8 months >4yr = 7 months

Children age 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Inactivated poliovirus	6 weeks	**4 weeks**	**4 weeks** if current age is <4 years. **6 months (as final dose)** if current age is 4 years or older.	**6 months** (minimum age 4 years for final dose).	

Catch Up Schedules

K-12

- 5 DTaP (4 DTaP if 4th is given on or after 4th birthday)
- 4 Polio (if 4th dose given before 4th birthday, an additional age appropriate IPV should be giv
  after the 4th birthday)
- **2 MMR**
- **1 Varicella**

Total Catchup Time: 1 month

Total Catchup Time: 0 months

Catch Up Schedule 7-18 years

Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	**8 weeks**			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	**4 weeks**	**4 weeks** if first dose of DTaP/DT was administered before the 1st birthday. **6 months (as final dose)** if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday.	**6 months** if first dose of DTaP/DT was administered before the 1st birthday.	
Human papillomavirus	9 years	**Routine dosing intervals are recommended.**			
Hepatitis A	N/A	**6 months**			
Hepatitis B	N/A	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose.**		
Inactivated poliovirus	N/A	**4 weeks**	**6 months** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	**4 weeks**			
Varicella	N/A	**3 months** if younger than age 13 years. **4 weeks** if age 13 years or older.			

TDAP HELP!

https://www.cdc.gov/vaccines/schedules/downloads/child/job-aids/tdap-1.pdf

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due
7 through 9 years[1]	Unknown or 0	→	→	→	Give Dose 1 (Tdap) today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1
	1	Dose 1 was given **before** 12 months of age	→	→	Give Dose 2 (Tdap) today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	It has been at least 4 weeks since Dose 1	Dose 1 was Tdap	Give Dose 2 (Td or Tdap) today	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2
				Dose 1 was **not** Tdap	Give Dose 2 (Tdap) today	
			It has **not** been 4 weeks since Dose 1	Dose 1 was Tdap	No dose today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1
				Dose 1 was **not** Tdap		Give Dose 2 (Tdap) at least 4 weeks after Dose 1
	2	Dose 1 was given **before** 12 months of age	It has been at least 4 weeks since Dose 2	Dose 2 was Tdap[1]	Give Dose 3 (Td or Tdap) today	Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3
				No dose was Tdap	Give Dose 3 (Tdap) today	
			It has **not** been 4 weeks since Dose 2	Dose 2 was Tdap	No dose today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2
				No dose was Tdap		Give Dose 3 (Tdap) at least 4 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	It has been at least 6 calendar months since Dose 2	Any dose was Tdap[1]	Give Dose 3 (Td or Tdap) today	Give Tdap at 11–12 years of age[1,2]
				No dose was Tdap	Give Dose 3 (Tdap) today	
			It has **not** been 6 calendar months since Dose 2	Any dose was Tdap[1]	No dose today	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2[1]
				No dose was Tdap		Give Dose 3 (Tdap) at least 6 calendar months after Dose 2

Q&A

True or False

Naturopaths can give medical exemptions.

False. Under Maine's vaccine laws, only licensed medical providers who hold an MD/DO, NP or PA can write medical exemptions.

The law does not apply to private schools.

False. The law applies to all institutions that previously allowed attendance with philosophical or religious exemptions, including private schools.

True or False?

HPV is a requirement for school entry.

False, Students are not required to be protected against Hepatitis A, Hepatitis B, Human Papilloma Virus (HPV), Haemophilus Influenza B (HiB), Rotavirus, Tuberculosis (TB) Influenza (Flu), or COVID-19 though these immunizations are recommended by the CDC.

A patient of mine with a current IEP for the 2021 school year from 2019 can be exempt from vaccines for any reason as long as I provide a statement that I counseled them.

True. MD/DO, NP/PAs may be asked by parents to provide a counseling note for a patient of yours that had an IEP previously.

True or False?

Titers will be an acceptable alternative to vaccination as a proof of immunity.

True* Laboratory results or medical records demonstrating immunity will be considered acceptable evidence of meeting the immunity requirement.

My patients need a medical exemption from an MD/DO, NP/PA or they will not be allowed to attend in person school.

True. Physicians are urged to reach out to all patients who will not meet their vaccine requirements for the school and get them caught up immediately. The availability and blackout period of the COVID-19 vaccine will further complicate getting students up-to-date.

Question

"For kids over 7 years of age – do they just need to be caught up per CDC guidelines for required vaccines? For instance, entering K they need 4 IPV. If they start after they are 7 however, they only need 3 IPV's to be compliant with CDC/ACIP?"

- Vaccination should be up-to-date for age based on CDC/ACIP guidelines.

Question

My patient got her first COVID-19 vaccine 1 week before she was to start a catchup schedule for kindergarten. Can I still start the catchup schedule?

- Yes.
- AAP approved coadministration of COVID Vaccine and other vaccines.
  - https://pediatrics.aappublications.org/content/pediatrics/early/2021/05/11/peds.2021-052336.full.pdf

Question

My patient is a 7th grader and has no vaccines. Do I need to vaccinate them for kindergarten and 7th grade vaccines or just 7th grade vaccines (Tdap & MCV)

- Children need to be up-to-date on vaccines required for their grade/age *as well as* up-to-date on previously required vaccines.

THANK YOU!