



HPS Vaccination Update

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Massachusetts School Immunization Requirements

Grades Kindergarten–6

DTaP/Tdap	5 doses; 4 doses are acceptable if the fourth dose is given on or after the 4 th birthday; DT is only acceptable with a letter stating a medical contraindication to DTaP
Polio	4 doses; fourth dose must be given on or after the 4 th birthday and ≥ 6 months after the previous dose or a fifth dose is required; 3 doses are acceptable if the third dose is given on or after the 4 th birthday and ≥ 6 months after the previous dose
Hepatitis B	3 doses; laboratory evidence of immunity acceptable
MMR	2 doses; first dose must be given on or after the 1 st birthday, and second dose must be given ≥ 28 days after first dose; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Tdap	1 dose; and history of DTaP primary series or age-appropriate catch-up vaccination; Tdap given at ≥ 7 years may be counted, but a dose at age 11–12 is recommended if Tdap was given earlier as part of a catch-up schedule; Td or Tdap should be given if it has been ≥ 10 years since last Tdap
Polio	4 doses; fourth dose must be given on or after the 4 th birthday and ≥ 6 months after the previous dose or a fifth dose is required; 3 doses are acceptable if the third dose is given on or after the 4 th birthday and ≥ 6 months after the previous dose
Hepatitis B	3 doses; laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	2 doses; first dose must be given on or after the 1 st birthday, and second dose must be given ≥ 28 days after first dose; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable
Meningococcal Grade 7–10	1 dose; this dose must be given on or after the 10 th birthday. Meningococcal conjugate vaccine, MenACWY (formerly MCV4) and MenABCWY, fulfill this requirement; monovalent meningococcal B (MenB) vaccine is not required and does not meet this requirement
Meningococcal Grade 11–12 †	2 doses; second dose MenACWY (formerly MCV4) must be given on or after the 16 th birthday and ≥ 8 weeks after the previous dose; 1 dose is acceptable if it was given on or after the 16 th birthday. Meningococcal conjugate vaccine, MenACWY (MCV4) and MenABCWY, fulfill this requirement; monovalent meningococcal B (MenB) vaccine is not required and does not meet this requirement

School	Immunization Rate MA DPH/AAP Guidelines	Immunization Rates CDC Guidelines (Meningococcal Vaccine removed)
Bradford Elementary	97.83%	
Bartlett School and Assessment Center	91.83%	95.92%
Consentino Middle School	94.66%	
Gateway Academy	90.51%	97.81%
Golden Hill Elementary School	94.95%	
Greenleaf Academy	89.19%	97.30%
Haverhill High School	83.05%	92.38%
Hunking School	98.53%	
JG Whittier Middle School	92.93%	
Moody PreSchool	96.39%	
Moody PreSchool Extension	99.31%	
Nettle Middle School	94.00%	
Pentucket Lake Elementary School	95.04%	
Silver Hill Elementary School	98.03%	
Tilton Elementary School	94.38%	
Walnut Square Elementary School	94.97%	

CONSIDERATIONS

- Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year - **HPS has 1 student with a Medical Exemption**
- Religious exemptions (statement from a student or parent/guardian, if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs), should be renewed annually at the start of the school year - **HPS has 109 students with Religious Exemptions**
- A reliable history of chickenpox includes a diagnosis of chickenpox or interpretation of parent/guardian description of chickenpox by a physician, nurse practitioner, physician assistant, or designee

What happens when a student (or staff) is diagnosed with Chickenpox?

- School Nurse communicates with Haverhill DPH
- Students and staff with varicella should be excluded from the school setting and should self-isolate at home unless medical care is needed until all lesions have crusted or, in vaccinated patients who do not develop vesicles, until no new lesions occur within a 24h period (typically 4–7 days).
- Letter sent home to families of students in the classroom
- School Nurse reviews medical records of students in the same classroom for vaccination status
- Contacts who are unvaccinated and without other evidence of immunity should be excluded from the outbreak settings from day 8 to 21 after exposure. Once these contacts are vaccinated, they can return to the school.
- Similar processes would be followed for other vaccine preventable infectious illnesses with exclusion based on incubation and contagion periods of the specific illness

HPS Illness Exclusion Guidelines



Staying Home When Sick

If a child's needs while sick with an infectious illness would interfere with the school staff's ability to teach and care for other students, the child should stay home. Schools must balance the risk of infectious disease spread with educational, social and mental health needs of children when determining when students should stay home.

If someone has the following symptoms, they should stay home (or be dismissed):

- Fever, including a fever with a new rash
- Vomiting more than twice in the preceding 24 hours
- Diarrhea that causes 'accidents,' is bloody, or results in greater than 2 bowel movements above what the child normally experiences in a 24-hour period
- Skin sores that are draining on an uncovered part of the body and are unable to be covered with a bandage
- Respiratory virus symptoms that are worsening or not improving and not better explained by another cause, such as seasonal allergies

**The CDC definition of fever: temperature 100.4 or greater, or feels warm to the touch or gives a history of feeling feverish*

Return to School criteria

- No fever (and is not using fever-reducing medicine) for at least 24 hours
- Fever with a new rash has been evaluated by a healthcare provider and fever has resolved
- Uncovered skin sores are crusting, and the child is under treatment from a provider
- Vomiting has resolved overnight and the person can hold down food/liquids in the morning
- Diarrhea has improved; the person is no longer having accidents or is having bowel movements no more than 2 above normal per 24-hours period. Bloody diarrhea should be evaluated by a healthcare provider prior to return
- Respiratory virus symptoms are getting better overall for at least 24 hours. Students and staff returning after a respiratory illness can consider additional actions to reduce spread

Guiding principles:

1. Our primary goal is to maximize school attendance and its benefits for all students, while also minimizing the spread of infectious diseases
2. School nurse assessment is guided by Standards of Practice
3. Haverhill Public Schools aligns with CDC and MA DPH/DESE guidance, including prevention strategies (such as immunization, hygiene and ventilation)
4. There may be instances when these procedures are adjusted due to community disease spread (e.g. an outbreak or pandemic or time of excessive absences)
5. School staff who are assigned responsibility for caring for sick children or who will be exposed to infectious materials have access to personal protective equipment

What did we learn from COVID?

1. Kids need to be in school
1. We, the educators and school health professionals, need to take care of ourselves physically, mentally, emotionally and socially in order to educate and care for these kids

QUESTIONS??????

THANK YOU!!!!