

RESEARCH AND PRACTICE

Immunization policies for employees of childcare facilities within the North Central Health District of Georgia

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ABSTRACT

Background: Since the early 1980s, vaccinations have generally been required for children in licensed daycare and school settings. In these settings, vaccinations have reduced disease rates. Adults occupy these settings as well, and ensuring they are vaccinated should also reduce the potential for disease and disease transmission. Yet, there are few vaccination requirements for adults employed at daycare facilities, although such requirements have been recommended (CDC Adult immunization schedule, 2015; ACIP General Recommendations, 2011). The objective of this study was to examine current vaccination policies among childcare facilities within Georgia's North Central Health District (District 5-2) and the climate for possible policy directives in the future.

Methods: A 10-item questionnaire regarding vaccination requirements and policies and the importance of vaccination education was mailed to administrators of all 271 licensed childcare facilities within the North Central Health District in Georgia. A total of 76 questionnaires were returned, representing a 28% response rate. The district has approximately 530,000 residents and is comprised of 13 counties.

Results: Of the childcare facilities, 79% have no vaccination policies in place. However, most facility directors (75%) indicated that such policies should be required, and 93 % stated that vaccination education is important for their staff members.

Conclusions: Vaccination requirements can help protect children and their caregivers from communicable diseases. From a policy perspective, the climate may be favorable for the implementation of such requirements, in that most childcare directors recognize the importance of such policies and state that they should be required.

Key Words: immunization, childcare, health, Georgia, policies, workforce

INTRODUCTION

An estimated 66%-80% of children under the age of 6 spend time in non-parental, out-of-home early education or childcare settings (Shope, 2014), which are relatively high-risk with respect to the transmission and spread of communicable infections and diseases. Consequently, vaccinations are prerequisites for enrollment in these facilities, although policies may vary by state because there is no federal policy (i.e., the constitutional basis for such requirements rests at the state level) (Hodge & Gostin, 2002; Malone & Hinman, 2007; Cole & Swendiman, 2014). Georgia law, for instance, requires that parents or guardians must provide a certificate of immunization for Tdap (a single vaccination for tetanus, diphtheria, and pertussis), varicella (chickenpox), and hepatitis A and B before their children can be admitted to any licensed childcare facility (GDPH Immunization Guidelines for Schools and Childcare Facilities, 2014; see Appendix A). According to a systematic review by the Task Force on Community Preventive Services (Hedden, Jessop, & Field, 2014), such requirements have proven effective in reducing disease rates in these settings.

In 2012, there were an estimated 1,312,700 employed caregivers in these settings (US Bureau of Labor Statistics, 2014). These caregivers are also vulnerable to communicable diseases and can pass on such diseases and infections to others (and fetuses) (Swanson, & Piotrkowski, 1994). Close personal contact with the children they care for is a part of their job. Many are also involved in facility activities, such as diaper changing, toileting care, janitorial functions, and first aid, all of which may be performed several times daily (Swanson, & Piotrkowski, 1994; Bright & Calabro, 1999; Cordell et al., 2004). Indeed, diarrheal diseases such as giardia, cryptosporidium, and rotavirus, and other infections such as shigella, *Escherichia coli*, and hepatitis are common among workers in these locations (Cordell et al., 2004). For instance, Slack-Smith et al. (2006) found that 74% of caregivers at childcare centers and 12% of caregivers at family daycare facilities reported taking sick leave due to contracting an infectious disease at work. Many of these vaccine-preventable illnesses and diseases are then passed on to other family members and friends (Martin and Khetsuriani, 2000, Cordell et al., 2004; Slack-Smith et al., 2006, DeGreet et al., 2010).

Nevertheless, adult vaccination levels remain low even though safe and effective vaccines are widely available (National Vaccine Program Office, 2015).

Vaccination requirements for adults working in childcare facilities have been recommended (CDC Adult immunization schedule, 2015; Advisory Committee on Immunization Practices, 2011; see Appendices B and C). The CDC's Advisory Committee on Immunization Practices (ACIP) recommends 13 different vaccinations for adults; each year, they release a recommended adult immunization schedule. For 2015, recommended adult immunizations include, but are not limited to vaccines for influenza, Haemophilus influenza type b, Td/Tdap (tetanus, diphtheria, and pertussis), zoster (shingles), pneumococcal, meningococcal, MMR (measles, mumps, and rubella), hepatitis A and B, varicella (chickenpox), and human papillomavirus (HPV) (CDC Adult immunization schedule, 2015). Boosters or additional doses of vaccines may be needed for some vaccine-preventable diseases, as the immune response to some communicable diseases may weaken over time (ACIP, 2011). It has been proposed that national childcare accreditation and licensing requirements include documenting vaccination of childcare workers and monitoring the development and implementation of policies regarding the vaccination of workers (Hedden, Jessop, & Field, 2014; Hope et al., 2012). Expanding vaccination requirements to include adults in childcare settings, where the risks for disease transmission and contraction are high, will reduce these risks for the adults, their families, and the children they care for, thus benefitting public health. Doing so should be a priority for health and safety professionals.

PURPOSE

The status of adult vaccination requirements were assessed with respect to childcare facilities within Georgia's North Central Health District (NCHD, District 5-2), a diverse district consisting of 13 urban and rural counties. Policies were examined by location (urban-rural) and enrollment size. This was accomplished based on responses to a 10-item questionnaire mailed to all licensed childcare facilities within the district. The climate for the possible implementation of vaccination requirements for workers in these facilities with respect to the perceived importance and appropriateness of such requirements was also assessed.

METHODS

The GDPH defines a childcare facility as a public or private center or nursery intended for the care, supervision, or instruction of children (GDPH Immunization Guidelines for Schools and Childcare Facilities, 2014). The Georgia Department of Early Care and Learning website contains a list of addresses and contact information (Bright from the Start) for all such facilities in the state. Three types of facilities are represented in the list: Childcare Learning Centers, which are facilities licensed for 19 or more children; Group Daycare Homes, facilities licensed for 7-18 children; and Family Daycare Homes, facilities licensed for 3-6 children. Most of these provide childcare (for 8-12 hours a day) or preschool services for 0-4-year-old children.

There are 271 such facilities in Georgia's North Central Health District, the setting for this study.

The North Central Health District in Georgia

The North Central Health District (NCHD, District 5-2), located in middle Georgia, is comprised of 13 counties with 525,929 residents (OASIS, 2013). The district is predominantly rural, in that 10 counties (Crawford, Hancock, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington, and Wilkinson; total population of 177,511, with a racial distribution of 63.1% White, 34.6% Black or African American, 0.7% Asian, 0.4% American Indian or Alaska Native, and 0.1% Native Hawaiian or Pacific Islander and an average age of 41 years old) are classified as rural; only 3 counties (Baldwin, Bibb, and Houston; total population of 348,418, with a racial distribution of 53.6% White, 41.9% Black or African American, 2.2% Asian, 0.3% American Indian or Alaska Native, and 0.1% Native Hawaiian or Pacific Islander with an average age of 35 years old) are urban (Georgia Department of Community Health, 2008; OASIS, 2013). The goal of the NCHD is to help residents achieve optimal health and to prevent diseases, promote health, and protect communities against health threats (NCHD, 2013).

Sample and Procedures

The population list for the study was the 271 childcare facilities in the NCHD recognized by the Georgia Department of Early Care and Learning. Larger counties (with respect to population) in the district had more childcare facilities, but each county had at least two facilities.

A packet containing a cover letter explaining the purpose of the research, assurances of confidentiality, a 10-item questionnaire, and a prepaid (stamped) return envelope was mailed to each facility on the list. The questionnaire, designed to require about 5 minutes to complete, included items concerning the county in which the facility is located, the number of children enrolled, number of staff members employed, vaccination record requirements, the presence of policies that promote vaccination and proof of vaccination, and the importance of educating childcare staff about vaccinations (See Appendix D). The director of the facility or an employee familiar with the facility's workforce and policies was asked to complete the questionnaire and return it within 30 days. Our gratitude was the only compensation offered.

RESULTS

Description of Respondent Centers

Of the 271 questionnaires, 76 were returned over the month-long period allowed for data collection, for a response rate of 28%. Each county was represented in the sample; response rates for each county are listed in Table 1. The facilities represented had a total of 773 childcare workers and 4,305 children, which translates to an average of 57 children per facility and to a children-to-staff ratio of about 6:1.

Overall, 63% of the returned surveys were from childcare facilities in urban counties and 37% were from facilities in rural counties. A variety of facility sizes, in terms of enrollment, were represented. Facilities with 0-6 children comprised 27% (n = 20) of the sample, those with 7-20 children represented 10% (n = 8) of the sample, and those with 21-75 and 76 or more children represented 31% (each n = 24) of the sample. Facilities were typically smaller in the rural areas. Of these facilities, 44% had an enrollment size of 0-6 children; in the urban counties, 40% had an enrollment size of 76 children or greater. This difference in enrollment sizes with respect to the location was apparently related to different levels of population density and to travel times associated with living in the different areas (i.e., more people in smaller areas was conducive to larger enrollment sizes).

Urban-Rural Differences

As determined by chi-square tests, no statistically significant differences were evident based on facility location. That is, the responses were similar for the urban- and rural-based facilities. Of the rural-based respondents, 73% (19/26) did not require that staff provide proof of vaccination upon hiring, and 89% (42/47) of those in urban areas had no such requirement. For rural and urban facilities, 72% and 83%, respectively, did not have vaccination policies in place. Most directors in rural (96%, 26/27) and urban (91%, 42/46) areas thought that vaccination education for staff was important. Further, 81% (21/26) of rural directors and 72% (33/46) of urban directors supported staff requirements of up-to-date vaccination. Finally, 89% (23/26) of rural directors and 78% (36/46) of urban directors responded that a vaccine information session would be beneficial for their staff. Again, as determined by chi-square tests, no statistically significant differences were found based on the size of enrollments of the facilities.

Table 1: North Central Health District Sample Breakdown				
County	Number of facilities in county	County response rate	Number of children served by responding facilities	Number of workers in responding facilities
Urban counties				
Baldwin	24	46% (n = 11)	950	178
Bibb	102	17% (17)	1041	143
Houston	70	28% (20)	1301	231
Urban total	196	25% (48)	3292	552
Rural counties				
Crawford	2	50% (1)	68	14
Hancock	5	60% (3)	15	3
Jasper	2	50% (1)	106	13
Jones	10	50% (5)	102	41
Monroe	11	36% (4)	219	47
Putnam	7	29% (2)	110	22
Peach	16	38% (6)	122	24
Twiggs	2	50% (1)	45	13
Washington	15	13% (2)	140	22
Wilkinson	5	60% (3)	86	22
Rural total	75	37% (28)	1013	221
Total	271	28% (76)	4305	773

Table 2: Frequency of Vaccination Policies among Daycare Facilities in the North Central Health District (District 5-2)

	Total (n = 73)	Rural (n = 26)	Urban (n = 47)
Vaccination Records Required When Hiring			
Yes	16% (n = 12)	27% (7)	11% (5)
No	84% (61)	73% (19)	89% (42)
Vaccination Policy in Place			
Yes	21% (15)	28% (7)	17% (8)
No	79% (56)	72% (18)	83% (38)
Frequency of Vaccination Record Review (for those who have policies)			
6 months or less	7% (2)	14% (2)	0% (0)
Every year	27% (8)	36% (5)	19% (3)
Every 2 years	7% (2)	14% (2)	0% (0)
Every 5 Years	7% (2)	0% (0)	13% (2)
Not Reviewed	17% (5)	14% (2)	19% (3)
I Don't Know	37% (11)	21% (3)	50% (8)
Importance of Vaccination Education			
Not Important	7% (5)	4% (1)	9% (4)
Somewhat important	26% (19)	22% (6)	28% (13)
Very important	67% (49)	74% (20)	63% (29)
Staff Requirement of Up-To-Date Vaccination			
Yes	75% (54)	81% (21)	72% (33)
No	25% (18)	19% (5)	28% (13)
How Beneficial is Vaccine Information Session for Staff			
Extremely	40% (29)	50% (13)	35% (16)
Somewhat	19% (14)	23% (6)	17% (8)
Beneficial	22% (16)	15% (4)	26% (12)
Not Beneficial	8% (6)	4% (1)	11% (5)
Not important	10% (7)	8% (2)	11% (5)

DISCUSSION

While public health efforts have been made to ensure vaccinations for children in childcare facilities, there are no such requirements for the adults in these relatively high-risk environments. Nevertheless, requirements and monitoring mechanisms have been recommended (CDC Adult immunization schedule, 2015; ACIP, 2011), based on the notion that expanded coverage reduces health risks.

The present study assessed the current state of vaccination requirements and policies among childcare facilities within Georgia's NCHD. It also assessed whether such policies should be required and if educating staff on the importance and utility of vaccinations would be helpful.

A large portion (79%) of childcare facilities within the NCHD did not have policies that require workers to be

vaccinated, and 83% did not require that workers provide vaccination records upon hiring. Most respondents (75%), however, indicated that childcare workers should be required to have updated vaccinations. A few of the questionnaires that were returned contained unsolicited remarks stating that the reason no policies are in place is because the state has not required them. These comments suggest that facilities would likely follow the lead of the state on the matter. Further, more than 90% of the survey respondents think that educating staff members about vaccines is important. However, there were no statistically significant differences in the responses to the questionnaire items based on the location (urban/rural) or enrollment size of the facility (small to large), suggesting that the findings may be generalizable across settings and facility sizes.

In sum, most of the childcare facilities in the NCHD do not have policies or vaccination requirements for staff but feel

that they are important. Without encouragement from the state, the status quo seems likely to continue. Because most childcare centers indicated that vaccination requirements should be implemented and recognized the importance of having such requirements in place, however, the environment appears to be favorable for acceptance of such a policy directive from the state.

Limitations

A potential limitation of this study is that the overall response rate was only 28%. Higher response rates are typically associated with more confidence in the capacity to generalize findings. Nevertheless, a variety of facilities from different locations were represented, and the findings were consistent across settings and enrollment sizes. Another limitation with respect to potential policy prescriptions is that the sample is based solely on licensed childcare facilities. Presumably, larger childcare facilities are licensed, but some, particularly smaller informal care providers, may not be. We have no data on the policies of unlicensed facilities.

Implications for Public Health

Recommendations stemming from this research have implications for public health and advocacy efforts. For instance, recommending that adults working at childcare facilities be vaccinated and that vaccination updates be maintained, as suggested by the CDC, seems sensible. Such requirements have proven to be effective in reducing the spread of illnesses and diseases in these locations, and expanding the requirements to include adults would reduce the potential for and the spread of disease (Hedden, Jessop, & Field, 2014). In short, vaccination requirements for adults in these settings would promote public health.

The current climate may be favorable for advocating the application of such policies. It may be best to target advocacy efforts to implementing directives regarding vaccination policies and enforcement at accreditation and licensing agencies. Doing so may expedite and promote the standardization of policies, which would help facilitate updated documentation/record-keeping and the transferability and linking of records and data across counties.

In particular, the recommendation that accrediting and licensing agencies enforce guidelines listed in a national plan for staff vaccination (Hope et al., 2012) should be instituted. The guidelines are as follows:

- Develop a staff immunization policy that outlines the immunization requirements for childcare staff in the national immunization handbook.
- Develop a staff immunization record; this should document previous infections or immunizations for the relevant diseases.
- Require all new and current staff to complete the staff immunization record.
- Regularly update staff immunization records as staff become vaccinated.
- Provide staff with information about diseases that are preventable by immunization, for example, through

in-service training and written materials such as fact sheets.

It may be helpful also to advocate for awareness and education campaigns with respect to adult vaccinations at childcare facilities throughout the state. Awareness and education are associated with policy formation and implementation and consequently with vaccination rates (de Perio, Wiegand, & Evans, 2012; Spokes, Ferson, & Ressler, 2011; Thomson, Kennedy, & Thompson, 1998). Hayney and Bartell (2005), for instance, found that vaccination rates increased from 30% to 60% among daycare workers after they received education on vaccinations and the spread of disease. Distributing the *CDC's Adult Immunization Schedule* (Appendix B) to childcare workers along with the vaccination guidelines provided by its Advisory Committee on Immunization Practices and the Georgia Department of Public Health, would aid in increasing awareness about vaccinations for adults and thus increase immunization coverage. In addition, the vaccination quiz (Appendix C) listed on the CDC website can help workers determine what specific vaccines are recommended for them.

Educating the directors of these facilities on the occupational, health, and financial benefits associated with vaccinating staff members would also be helpful. From an economic perspective, directors should understand that the time lost from work and that the cost of replacing a sick worker outweighs the time taken to vaccinate workers (Slack-Smith et al., 2006; Spokes, Ferson, & Ressler, 2011). Although many vaccinations may be covered by insurance, informing directors about available state grant programs for vaccinations may alleviate concerns about costs associated with vaccinations of staff members. For example, the CDC Grant Immunization Program is a federally funded entitlement program that provides vaccines at no cost to eligible children, adolescents, and adults who are uninsured or underinsured (CDC, 2007). Individuals meeting these requirements may receive vaccinations at Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), or local health departments (CDC, 2012).

All states currently have vaccination requirements in place for children attending childcare facilities, but none have policies with respect to the workforce in such facilities. Advocating for and implementing vaccination requirements for the workers at these facilities are supported by evidence and by the intended audience(s). Such requirements will benefit public health by protecting childcare workers, their friends and families, and the children they all care for from communicable diseases.

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APPENDIX A



Summary of Georgia Immunization Requirements for Child Care & School Attendance

These charts are based on the ACIP Recommendations and Georgia Requirements; for more detailed information including dose schedules and minimum time intervals; please refer to Georgia Form 3231REQ and Table 1 of the ACIP General Recommendations, *MMWR*, January 28, 2011.



Required Number of Doses for Children Who Started Immunizations before Age 7 Years

Required Vaccines	2 mo	4 mo	6 mo	12 mo	15 mo	18 mo	24 mo	4-6 years	5-6 yrs of age Total Doses Required for School Entry
DTP, DT, DTaP	1	2	3	4				5	4 or 5 (if #4 dose given on or after 4th birthday, #5 not needed)
Hep B	1	2	3						3
Hib (ActhiB) or * Hib (PedvaxHIB or Comvax)	1	2	3	4					Required for Child Care and Pre-K only
	1	2		3					
**Polio	1	2	3					4	3 or 4 (4 th dose of polio on or after 4 th birthday required for children born on or after 1-1-06)
***MMR				1				2	2
Varicella				1				2	2
PCV	1	2	3	4					Required for Child Care & Pre-K only
Hep A				1				2	2 Required for children born on or after 1-1-06

*If PedvaxHIB or Comax is administered at ages 2 and 4 months, a dose at 6 months is not indicated.
 **The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose. If 4 doses are administered prior to age 4 years a fifth dose should be administered at age 4 through 6 years. (MMWR 2009; 58(30) :S29-30)
 ***State requirement is for 2 doses each of measles and mumps, and 1 dose of rubella vaccine. Second dose may be given before age 4 years, provided at least 4 weeks have elapsed since first dose.

<http://dph.georgia.gov/schools-and-childcare>

Vaccination requirements for Georgia, Childcare, and all vaccines.

<u>Vaccine</u>	<u>Doses</u>	<u>Details</u>	<u>Effective Date</u>	<u>Additional Comments</u>
DTaP-Diphtheria, Tetanus, acellular Pertussis	3	Age appropriate dosing following ACIP recommendations	PRIOR to 2008-09	
Flu-Influenza (seasonal)	0	No state requirement	Not applicable	
Hep A-Hepatitis A	2	All children born after 1/1/06	PRIOR to 2008-09	
Hep B-Hepatitis B	3	Age appropriate dosing following ACIP recommendations	PRIOR to 2008-09	
Hib-Haemophilus Influenzae Type B	3-4	Age appropriate dosing following ACIP recommendations	PRIOR to 2008-09	
MMR-Measles, Mumps, Rubella	1	After age 1 year	PRIOR to 2008-09	
PCV-Pneumococcal Conjugate Vaccine	4	Age appropriate dosing under age 5 years	PRIOR to 2008-09	
Polio	3-4	Age appropriate dosing	PRIOR to 2008-09	
VAR-Varicella	1	After age 1 year or disease history or physician diagnosis	PRIOR to 2008-09	

<http://www2a.cdc.gov/nip/schoolsurv/schImmRqmt.asp>

APPENDIX B

CDC Recommended immunization meanings and doses for adults

Vaccine	Abbreviation	Dose	Booster	Age groups
Inactivated influenza (flu)	IIV	1	Every year	19 and up
Tetanus, diphtheria, pertussis	TDaP	1	Every 10 years	19 and up
Varicella-chicken pox	VAR	2		19 and up
HPV vaccine for women	HPV	3		19-26
HPV vaccine for men	HPV	6 (first 3 for 19-21yrs and last 3 for 21-26 yrs)		19-26
Herpes Zoster shingles	HZV	1		60-65
Measles, Mumps, Rubella	MMR	1-2		19-55
Pneumococcal	PCV13	1		19 and up
Pneumococcal	PPSV23	1 or 2 (1 at 19-64 yrs or another one at 65+ years)		19 and up
Meningococcal	MCV	1 or more		19 and up
Hepatitis A	Hep A	2		19 and up
Hepatitis B	Hep B	3		19 and up
Haemophilus influenzae type b	Hib	1 or 3 doses		19 and up

**Multivalent vaccine-vaccine that protects against multiple different strains of a microorganism

<http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>

2015 Recommended Immunizations for Adults: By Age

If you are this age, talk to your healthcare professional about these vaccines →

If you are this age	Flu <i>Influenza</i>	Td/Tdap Tetanus, diphtheria, pertussis	Shingles <i>Zoster</i>	Pneumococcal		Meningococcal	MMR Measles, mumps, rubella	HPV <i>Human papillomavirus</i>		Chickenpox <i>Varicella</i>	Hepatitis A	Hepatitis B	Hib <i>Haemophilus Influenzae type b</i>
				PCV13	PPSV23			for women	for men				
19 - 21 years									3 doses				
22 - 26 years							1 or 2 doses	3 doses	3 doses				
27 - 49 years		1 dose of Tdap*		1 dose	1 or 2 doses	1 or more doses							
50 - 59 years	Flu vaccine every year	Td booster every 10 years								2 doses	2 doses	3 doses	1 or 3 doses
60 - 64 years			1 dose										
65+ year				1 dose	1 dose								

More Information:

There are several flu vaccines available. Talk to your healthcare professional about which flu vaccines is right for you.

* If you are pregnant, you should get a Tdap vaccine during the 3rd trimester of every pregnancy to help protect your babies from pertussis (whooping cough).

You should get zoster vaccine even if you've had shingles before.

There are two different types of pneumococcal vaccine: PCV13 (conjugate) and PPSV23 (polysaccharide). Talk with your healthcare professional to find out if one or both pneumococcal vaccines are recommended for you.

Your healthcare professional will let you know how many doses you need.

Recommended for you if you did not get it when you were a child.

If you were born in 1957 or after, and don't have a record of being vaccinated or having had measles, mumps and rubella, talk to your healthcare professional about how many doses you may need.

There are two HPV vaccines but only one HPV vaccine (Gardasil[®]) should be given to men.

If you are a male 22 through 26 years old and have sex with men you should complete the HPV vaccine series if you have not already done so.

Your healthcare professional will let you know how many doses you need.

- Recommended For You:** This vaccine is recommended for you *unless* your healthcare professional tells you that you cannot safely receive it or that you do not need it.
- May Be Recommended For You:** This vaccine is recommended for you if you have certain risk factors due to your health, job, or lifestyle that are not listed here. Talk to your healthcare professional to see if you need this vaccine.

If you are traveling outside the United States, you may need additional vaccines.
Ask your healthcare professional about which vaccines you may need at least 6 weeks prior to your travel.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

<http://www.cdc.gov/vaccines/schedules/easy-to-read/adult.html>

CDC's Adolescent and Adult Vaccine Quiz

<http://www2.cdc.gov/nip/adultimmsched/>

Schedules

- For Health Care Professionals
- For Everyone: Easy-to-read Schedules
- Display Schedules on Your Website
- Web Buttons
- Past Immunization Schedules

[Vaccines Home](#) > [Immunization Schedules](#)

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Adolescent and Adult Vaccine Quiz

What Vaccines do **You** need?



Adults need vaccines too! Take this quiz to find out which vaccines you may need.

Did you know that certain vaccines are recommended for adults and adolescents?* Take this quick quiz to find out which vaccines **YOU** may need.

* This quiz provides information for people age 11 years and older.

Instructions:

1. Answer the questions below.
2. Get a list of vaccines you may need based on your answers (this list may include vaccines you have already had).
3. Discuss the vaccines on the list with your doctor or healthcare professional.

Part One, About You

1. Are you
 Female Male

APPENDIX D



Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor
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North Central Health District Daycare Worker Vaccination Survey

The purpose of this survey is to gain insight on the vaccination policies among daycare facilities within the North Central Health District.

1. In which county is your daycare center located? _____
2. What is the zip code of your daycare center? _____
3. How many children are currently enrolled at your daycare center? _____
4. How many staff members do you have in the following age ranges?

18-29 years old _____	50-59 years old _____
30-39 years old _____	60-69 years old _____
40-49 years old _____	70+ years old _____
5. When hiring staff members, are vaccination records required?
 Yes _____ No _____
6. Does the center have a policy that recommends vaccinations or proof of vaccinations for all staff members?
 Yes _____ No _____

APPENDIX D *Cont.*

7. If yes, how often are your staff's vaccination files reviewed?

- | | |
|------------------------------|---------------------------------|
| _____ Every 6 months or less | _____ Every 5 years |
| _____ Every year | _____ Not reviewed after hiring |
| _____ Every 2 years | _____ I do not know |

8. How important is it to educate daycare staff members about vaccinations?

- Not important
- Somewhat important
- Very important

9. Should daycare staff members be required to have up-to-date vaccinations?

- Yes _____ No _____

10. An informational session on recommended vaccinations would be beneficial for our staff.

- Extremely Beneficial _____
- Somewhat beneficial _____
- Beneficial _____
- Not Beneficial _____
- Not important _____

Thank you for your participation! If you have any questions or concerns regarding this survey, please contact Ms. Paula Kamara, Mercer University Master of Public Health candidate, at paula.kamara@live.mercer.edu or (770) 365-6347.

Georgia Department of Public Health | We Protect Lives.

