

ADHS Sixth Grade Immunization Data Report (IDR): Due November 15, 2009

School Name:	Public/Charter School CTDS #	Mailing Address, City, Zip:
County where school is located:	Phone: Fax:	Date of Report:
Principal's Name: E-Mail Address:	Name of Person Completing Report: E-Mail Address: Is this person a nurse? (Please circle) Yes No	
Please circle type of school: Public Charter Private	Does this school have a kindergarten? Yes <input type="checkbox"/> No <input type="checkbox"/> Does this school have a 10th grade? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Sixth Grade <u>Only</u>	Number of Students	Exemption Notes
1. How many students are enrolled in sixth grade?		
2. How many students have an immunization record OR a valid exemption on file?		
3. DTaP/DTP/DT/Td		Please note the number and type of any DTaP/DTP/DT/Td exemptions here.
How many students have received <u>either</u> a total of 4 doses, or at least 3 doses given after 1 year of age?		
How many students have <u>not</u> received either a total of at least 4 doses or at least 3 doses given after 1 year of age?		
TOTAL (must equal number enrolled, see #1)		
4. Tdap		Please note the number and type of any Tdap exemptions here.
How many students have received 1 dose of Tdap?		
How many students have <u>not</u> received 1 dose of Tdap?		
TOTAL (must equal number enrolled, see #1)		
Tdap supplemental question one: How many students are under age 11?		
Tdap supplemental question two: How many students received a DTaP, DTP or Td within the last 5 years?		
5. Meningococcal (MV or MCV)		Please note the number and type of any MV/MCV exemptions here.
How many students have received 1 dose of MV or MCV?		
How many students have <u>not</u> received 1 dose of MV or MCV?		
TOTAL (must equal number enrolled, see #1)		
4. Polio		Please note the number and type of any Polio exemptions here.
How many students have received either a total of 4 doses OR a total of 3 doses with the 3 rd dose given at 4 years of age or older?		
How many students have <u>not</u> received the doses described above?		
TOTAL (must equal number enrolled, see #1)		
5. MMR		Please note the number and type of any MMR exemptions here.
How many students have received 2 doses, both given at 12 months of age or older?		
How many students have <u>not</u> received 2 doses, both given at 12 months or older?		
TOTAL (must equal number enrolled, see #1)		
6. Hepatitis B		Please note the number and type of any Hepatitis B exemptions here.
How many students have completed the Hepatitis B series with at least 3 doses?		
How many students have documentation stating that they completed the special 2-dose adolescent Hepatitis B series, given to individuals 11-15 years of age?		
How many students have <u>not</u> completed the Hepatitis B series?		
TOTAL (must equal number enrolled, see #1)		
7. Varicella (chicken pox) This vaccine is not required for 6th grade students.		No exemptions are needed for vaccines that are not required.
How many students have received 2 doses of Varicella vaccine? (Include those who have had chicken pox disease in addition to the immunizations.)		
How many students have received one dose of Varicella vaccine, OR have history of chicken pox disease, OR have both the vaccine and history of disease?		
How many students have no history of chicken pox and no Varicella vaccine doses?		
TOTAL (must equal number enrolled, see #1)		
8. Exemptions:	Number of Students	
What is the total number of students who have a Temporary Personal Beliefs exemption?		
What is the total number of students who have a Permanent Personal Beliefs exemption?		
What is the total number of students who have a Temporary Medical exemption?		
What is the total number of students who have a Permanent Medical exemption?		
What is the total number of students who have Laboratory Evidence of Immunity?		

Sixth Grade Immunization Data Report (IDR) Instructions

Important note: Electronic Excel-based Immunization Data Report forms will be available to download and submit by e-mail in early October, 2009. They will be posted at <http://www.azdhs.gov/phs/immun/back2school.htm>. The electronic forms are designed to help you avoid errors in completing the report (s). They will calculate the percentage of students who are fully immunized, and the percentage of students who are in compliance with legal requirements.

Please complete this paper form only if you are unable to use the electronic form posted at <http://www.azdhs.gov/phs/immun/back2school.htm>. Thank you.

All public, private and charter schools must submit an IDR on children enrolled in preschool, pre-K, Kindergarten, 6th and 10th grades by November 15th each year. Use this form for **Sixth Grade**. Forms for the other age/grade levels are available at <http://www.azdhs.gov/phs/immun/back2school.htm>.

Step 1: Identify your school by completing all areas at the top of the form. If you do not know the CTDS# for your public or charter school, check the Arizona Department of Education website at www.ade.state.az.us. Private schools will leave the CTDS# blank.

Step 2: Answer questions 1 and 2 by counting how many sixth grade students are enrolled (#1) and how many have an immunization record and/or a valid exemption on file (#2).

Step 3: Count the number of sixth grade students who have the required number of doses of each vaccine.

- In questions 3-6, the students will be divided between two categories: those who meet the requirements, and those who do not meet the requirements. When added together, the number of students who meet the requirements, plus the number of students who do not meet the requirements, will always equal the total number of students enrolled.
- In question 7, Varicella, the students will fit into one of 3 categories: 1) students who have 2 Varicella vaccine doses, 2) students who have either 1 Varicella vaccine dose, or history of chicken pox, or both, or 3) students who do not have any Varicella vaccine doses and who have no history of chicken pox disease. All students will fit into one of those 3 categories. When added together the numbers in the 3 categories will equal the total number of students enrolled.

Step 4: In each vaccine area (DTaP/DTP/DT, Tdap, MC/MCV, Polio, MMR, Hepatitis B and Varicella) if any students who do not meet a requirement are exempt, please write the number of students who are exempt for each vaccine, and the type(s) of exemption in the right hand column.

Step 5: Record the total number of students who have each type of exemption for any (or all) vaccine(s) at the bottom of the page.

Step 6: Count the number of sixth grade students who are not fully immunized. Check to see how many students who are not exempt need additional doses of any vaccine. If more than 5% of the non-exempt students in sixth grade still need one or more doses of any one vaccine type, the enclosed "IDR Update" form must be submitted no later than January 31, 2009.

Step 7: Send a "Referral Notice of Inadequate Immunization" to the parent/guardian of each child who needs additional immunizations. Require proof of immunization each time a student is due for another vaccine dose. Track the students who need additional doses.

To determine the percent of students out of compliance for any vaccine type, follow these steps:

1. Count the number of students who lack the required number of doses. For example, 120 students are enrolled and 20 students lack 2 doses of MMR.
2. Subtract the students with exemptions from the number of students out of compliance. 20 students minus 3 with exemptions equals 17 non-exempt students who lack the required number of MMR doses.
3. Subtract the students with an MMR or all-vaccine exemption from the total number of students. 120 students minus 3 MMR exemptions equals 117 students who are not exempt from the MMR requirement.
4. Divide the total number of non-exempt students by the number of non-exempt students who lack 2 doses of MMR. $17 \text{ divided by } 117 = .145 = 15\%$ of non-exempt students missing the required number of MMR doses.
5. Repeat this process with each vaccine type.
6. If 5% or more of sixth grade students are missing any one vaccine type, the update form must be submitted by January 31, 2010.

Step 8: Check the form carefully to ensure all areas have been completed. Make a copy of the form and keep it for your records. Mail the original form by November 15, 2009.

Mail the report to:

Arizona Immunization Program Office
Assessment Unit
150 N. 18th Ave., Suite 120
Phoenix, AZ 85007-3233