

MCIR/SIRS

Toll-free MCIR helpdesk number is 1-888-243-6652

MCIR.org

The following materials can be found on www.MCIR.org and should be reviewed.

Childcare packet:

- MCIR/SIRS Information Sheet
- Childcare Cover Letter
- Required Immunization Chart for Childcare
- Influenza Information for Childcare Centers
- Waiver forms
- Medical Contraindication forms
- Vaccine terminology
- IP-100/101 Reporting Form

School packet:

- MCIR/SIRS Information Sheet
- School Cover Letter
- Information about Human Papillomavirus, Meningococcal & Vaccines for Pre-Teens and Teens
- Influenza Information for Schools
- Vision Screening Information
- Required Immunization Chart for Schools
- Waiver forms
- Medical Contraindication forms
- Vaccine terminology
- IP-100/101 Reporting Form

Timeline for Reporting on MCIR/SIRS

January – December: Build your roster, making sure that appropriate reporting period and grade is marked for each student. Use current grade, or roundup for kindergarten in the Spring and Summer of 2012 – all students will be advanced automatically on August 1st.

October 1st: Childcare closes the report period on all children up to school age, by going into IP Status and clicking on the “close period” button on October 2nd. (The button will not be highlighted and you will not be able to close the period if you are not at 90% compliancy.) Continue to update immunization records until you reach at least 90% compliancy.

November 1st: School closes the report by going into IP Status and clicking on the close period button. (The button will not be highlighted and you will not be able to close the period if you have not obtained at least 90% compliancy.) Submit vision report for all kindergarten students.

February 1st: School closes the report by going into IP Status and clicking on the “close period” button. (The button will not be highlighted and you will not be able to close the period if you are not at 95% compliancy.)

Contact your local health department or the help desk if you have any questions about reporting.

INFORMATION FOR PARENTS



Human Papillomavirus, Meningococcal & Other Vaccines for Pre-Teens and Teens

Vaccines are not just for infants. In fact, they protect older children and adolescents from serious diseases. As children get older, the immunity provided by childhood vaccines can wear off. Children also develop risks for more diseases as they enter pre-teen years. For these reasons, they need vaccinations.

Human Papillomavirus (HPV)

- HPV causes cervical cancer in women and anal cancer and genital warts in men and women.
- HPV is a common sexually transmitted infection and often has no symptoms.
- HPV vaccine protects against most but not all causes of cervical cancer in women.
- Vaccination against HPV is usually started at 11-12 years of age. Three doses of vaccine are recommended for girls and boys.
- This vaccine is very effective against several types of HPV and works best if given before exposure to HPV.
- The most common side effect is soreness where the shot was given.

Meningococcal Disease

- Meningitis affects the brain and spinal cord.
- It can lead to brain damage, severe disabilities or death.
- Common symptoms include a fever, rash, headache, or stiff neck.
- It is spread through close contact: coughing, kissing and sharing food or drinks.
- Meningococcal vaccine can protect children and teens.
- Some children develop redness and pain where the shot was given.
- The first dose should be given at the 11-12 year old check up; the second dose should be given at 16 years of age.

Pertussis or Whooping Cough

- Pertussis can cause severe coughing and choking, making it difficult to breathe or eat.
- The cough often lasts for 3 months or more – making it hard to sleep, go to school or do other activities.
- It is spread by coughing, sneezing or close contact with an infected person.
- Tdap vaccine protects against whooping cough along with diphtheria and tetanus. This vaccine is very effective in preventing all 3 diseases.
- Tdap vaccine is usually given at the 11-12 year old visit.
- Children may develop some redness and pain where the shot was given.

The Michigan Department of Education, in cooperation with the Michigan Department of Community Health is required by law (MCL 380.1177a) to develop and make available to schools information on meningococcal meningitis and human papillomavirus. In addition, the Michigan Department of Community Health is required by law (MCL 333.9205b) to identify materials about human papillomavirus and immunization and to notify schools of the availability of the materials, and encourage schools to make the information available to parents.

MCL 380.1177a <http://legislature.mi.gov/doc.aspx?mcl-380-1177a>

MCL 333.9205b <http://legislature.mi.gov/doc.aspx?mcl-333-9205b>

November 29, 2011

Influenza or “Flu”

- The flu is an infection of the nose, throat, and lungs. It is spread by coughing, sneezing, or talking.
- Children with the flu develop a high fever, headache, dry cough, sore throat and achy muscles very quickly. Each year, many children die from flu or its complications.
- Places where children are in close contact, such as classrooms, make it easier for flu to spread.
- Everyone 6 months of age and older should have flu vaccine every year.
- There are 2 types of vaccine: a shot and a nasal spray. Both types of flu vaccines are safe.
- The most common side effect is soreness where the shot was given or a stuffy nose after the nasal spray.

Pre-teens and teens are recommended to have the following vaccines if they have not already had them:

- 1-2 doses of meningococcal vaccine (MCV4)
- 3 doses of human papillomavirus vaccine (HPV)
- 1 dose of tetanus, diphtheria, pertussis vaccine (Tdap)
- 3 doses of hepatitis B vaccine (hep B)
- 2 doses of hepatitis A vaccine (hep A)
- 2 doses of measles, mumps, rubella vaccine (MMR)
- 2 doses of chickenpox vaccine (Var)
- At least 3 doses of polio vaccine (IPV or OPV)
- Flu vaccine every year in the fall or winter months

Paying for Vaccines

Check to see if your health insurance will pay for these vaccines. If your child does not have health insurance or does not have health insurance that covers the cost of vaccines, ask your health care provider or local health department about the Vaccines for Children (VFC) program. Eligible children, 18 years of age and younger, may receive publicly-purchased vaccine through the VFC program.

For More Information

- ▶ Contact your health care provider or local health department
- ▶ Michigan Department of Community Health • www.michigan.gov/immunize
- ▶ Michigan Department of Community Health • www.michigan.gov/teenvaccines
- ▶ Centers for Disease Control (CDC) • www.cdc.gov/vaccines
- ▶ Vaccine Education Center • www.chop.edu/vaccine
- ▶ Vaccines for Children program • www.cdc.gov/vaccines/programs/vfc

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November 29, 2011

the flu

Information for Schools on Influenza and Vaccines

What is influenza or “the flu”?

The flu is an infection of the nose, throat and lungs caused by flu viruses. There are many different flu viruses that can cause people to get sick. The flu is spread easily by coughing, sneezing or talking. Every year many people get the flu. Some people can get very sick and some may even die.

What are the symptoms of the flu?

People with the flu develop a high fever, headache, dry cough, sore throat and achy muscles very quickly. Children may have stomach problems. Some people with the flu have NO symptoms at all and can still spread flu to others.

How can students be protected from the flu?

Getting flu vaccine is the best way to protect children and adults from the flu. Flu vaccine is now recommended for everyone 6 months of age and older.

What can I do to protect students?

Get vaccinated and encourage others in contact with children to be vaccinated - parents, siblings, teachers, secretaries and other support staff. Getting vaccinated is especially important for those who take care of infants younger than 6 months of age. These babies are too young to be given flu vaccine.

Is flu vaccine recommended for children in schools?

Yes. The Centers for Disease Control and Prevention (CDC) and Michigan Department Community Health (MDCH) recommend that children 6 months of age and older receive flu vaccine to help them stay healthy.



Does the flu vaccine only come in a shot?

There are currently 2 types of vaccine - a shot and a nasal-spray. In addition, some children may need 2 doses of vaccine. Health care providers can determine which type of vaccine can be given and how many doses are needed.

How often should students be vaccinated?

To be protected, children and adults need to be given flu vaccine every year - usually in the fall or winter months.

Are flu vaccines safe?

Yes, flu vaccines are safe and can be given with other vaccines. It is important to understand that the chance of being harmed from this disease is much greater than any chance of being harmed from vaccination.

Are there side effects from the flu vaccine?

Most adults and children have little or no problems after receiving flu vaccine. There may be soreness or redness where the shot was given. The nasal flu vaccine can sometimes cause a stuffy nose.

What if a student's family cannot afford vaccine?

Children 18 years of age and younger may be eligible for publicly purchased vaccines through the Vaccines for Children (VFC) program. To learn more about the VFC program contact your local health department or health care provider.

Where can I get more information?

Contact your health care provider or local health department
Centers for Disease Control & Prevention • cdc.gov/flu
Michigan Dept of Community Health • michigan.gov/flu
Childhood Influenza Coalition • preventchildhoodinfluenza.org
Families Fighting Flu • familiesfightingflu.org



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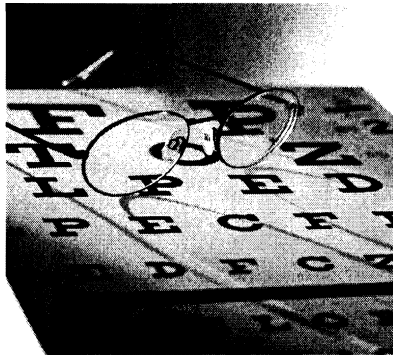
MEMORANDUM

DATE: February 1, 2012

TO: Principals and Superintendents of all Michigan Public, Private and Parochial Schools

SUBJECT: **VISION SCREENING and REPORTING FOR KINDERGARTEN**

Public Health Code Act 368 of 1978, Section 9307 states that “a parent, guardian, or person in loco parentis applying to have a child registered for the first time in a kindergarten or first grade in a school in this state **shall present to school officials, at the time of registration or not later than the first day of school,** a certificate of hearing and vision testing or screening or statements of exception under Section 9311”. Your local health department offers this screening at no cost to families and children.



The Revised School Code (Act 451 of 1976, section 380.1177) requires that children entering kindergarten **present a statement to school officials** confirming that they have received the Michigan Department of Community Health Vision Screening. **OR** a statement, signed by a licensed eye care practitioner (optometrist or ophthalmologist) or medical/osteopathic physician, indicating that a child's eyes have been examined at least once after age three and **before initial school entry** may also be presented. Please note that **it is the responsibility of the school** to ensure that each child is screened **before** the first day of school.

School officials are required to enter vision screening data into the MCIR system for all kindergarten or developmental kindergarten new entrants by November 1 of each year. Vision screening information is recorded on the immunization data entry screen. A separate report to MDCH is no longer required.

If you, or your support personnel responsible for entering vision screening data, have questions regarding this requirement, **please contact your local health department's Vision Screening Program** or Dr. Rachel Schumann, Vision Program Consultant for the Michigan Department of Community Health, at 517-335-6596.

On behalf of the children of Michigan, our thanks for helping ensure that all Michigan children have good vision for success in learning and life.

Required Childhood Immunizations for Michigan School Settings

Healthcare providers in Michigan should follow the 2012 Recommended Immunization Schedule

For more information, see www.michigan.gov/immunize

Entry Requirements for All Public & Non-Public Schools		
Age → Vaccine**↓	4 years through 6 years	7 years through 18 years including all 6th grade students
Diphtheria, Tetanus, Pertussis	4 doses DTP or DTaP, one dose must be on or after 4 years of age	4 doses D and T OR 3 doses Td if #1 given on or after 7 years of age. 1 dose of Tdap*** for children 11 through 18 years IF 5 years since the last dose of tetanus/diphtheria containing vaccine.
Polio	4 doses, if dose 3 administered on or after 4 years of age, only 3 doses are required	3 doses
Measles,* Mumps,* Rubella*	2 doses on or after 12 months of age	
Hepatitis B*	3 doses	
Meningococcal****	None	1 dose for children 11 years of age or older upon entry into 6 th grade or higher
Varicella* (Chickenpox)	2 doses of varicella vaccine at or after 12 months of age OR current lab immunity OR reliable history of disease	

* Current laboratory evidence of immunity is acceptable instead of immunization with antigen.

** All doses of vaccines must be given with appropriate spacing between doses and at appropriate ages to be considered valid.

***Tdap is required at 11 years of age or older regardless of grade.

****Meningococcal is not assessed in MCIR/SIRS if the child is 11 years of age and in a grade lower than 6th grade.



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

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DIRECTOR

IMMUNIZATION WAIVER FORM

INSTRUCTIONS TO PARENTS OR GUARDIANS:

Vaccine-preventable diseases are still with us. Immunizations are one of the most effective measures to protect children from harmful diseases and even death. A high proportion of children must be immunized to prevent outbreaks of disease in school settings and other places where children work and play closely together.

Sections 9208 and 9211 of the Michigan Public Health Code require that a parent, guardian, or person in *loco parentis* applying to have a child registered for the first time in a Michigan school and/or in 6th grade, or in a program of group residence, care, or camping in this state shall present to officials at the time of registration or no later than the first day of school or program enrollment, a certificate of immunization verifying that the child has been vaccinated against diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis B, and varicella (chickenpox). Pneumococcal conjugate and *Haemophilus influenzae* type b vaccines are also required for preschool-aged children. Meningococcal vaccine is required for children 11 years of age or older who are in the 6th grade or newly enrolled in the district.

A parent or guardian wishing to exempt his or her child from a particular vaccination must provide a written statement indicating the religious or philosophical objections to the vaccination(s). A child who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. **The child may be subject to exclusion from the school or program, if the local and/or state public health authority advises exclusion as a disease control measure.**

By signing this waiver, you acknowledge that you are placing your child and others at risk of serious illness should he or she contract a disease that could have been prevented through proper vaccination.

ALL INFORMATION MUST BE FILLED IN BELOW.

I object to having my child, _____, born _____, immunized with the vaccines I have checked below: (First & Last Name) (Birth Date)

- | | |
|--|---|
| <input type="checkbox"/> DTaP, DT, Td, Tdap (Diphtheria, Tetanus, Pertussis) | <input type="checkbox"/> <i>Haemophilus influenzae</i> type b |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pneumococcal Conjugate |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> MMR (Measles, Mumps, Rubella) | <input type="checkbox"/> Meningococcal |

Reason: _____

Parent(s)/Guardian(s) Name: _____

Address: _____ Telephone: _____

Child's Address _____ Telephone: _____
If different from parent/guardian

Parent or Guardian's Signature

Date Signed

Preschool Program or Licensed Day Care Center OR School Name (Required)

File in the child's permanent record and send a copy to your local health department.



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FORMULARIO PARA EXONERACIÓN DE INMUNIZACIÓN

Instrucciones para los Padres o Apoderados:

Enfermedades que se pueden prevenir con vacunas están todavía entre nosotros. Las vacunas son una de las medidas más rentables para proteger a los niños de enfermedades dañinas e incluso la muerte. La mayoría de los niños tienen que ser vacunados para prevenir brotes de enfermedad en las escuelas, o en los lugares en donde los niños trabajan y juegan juntos.

Secciones 9208 y 9211 del Código de Salud Pública de Michigan requiere que un padre, tutor o persona en lugar de los padres de aplicar para tener un hijo inscrito por primera vez en una escuela de Michigan y / o en sexto grado, o en un programa del Grupo de residencia, la atención, o para acampar en este estado deben presentar a los funcionarios en el momento de registro o, a más tardar el primer día de escuela o inscripción en el programa, un certificado de vacunación verificar que el niño ha sido vacunado contra la difteria, el tétanos, la tos ferina, el sarampión, las paperas, la rubeola, la poliomielitis, la hepatitis B y varicela (varicela), Antineumococica conjugada y vacunas contra Haemophilus influenzae tipo b también se requiere para los niños en edad preescolar. La vacuna antineumococica se requiere para niños de 11 años de edad o más que están en el 6^o grado o recién en el distrito.

Los padres o guardianes que deseen eximir a su hijo de una vacuna en particular deben presentar una declaración por escrito indicando las objeciones religiosas o filosóficas a la vacunación(s). Un niño que ha quedado exento de las vacunas se considera susceptible a la enfermedad o enfermedades para las que la vacunación ofrece protección. **El niño puede ser excluido de la escuela o programa, si el local y / o la autoridad estatal de salud pública asesora a la exclusión como una medida de control de la enfermedad.**

Al firmar esta exoneración, usted reconoce que está poniendo su hijo y otros en riesgo de enfermedad grave que él o ella debe contraer una enfermedad que podría haberse evitado mediante la vacunación adecuada.

Toda información debe ser completada.

Yo no deseo que mi hijo(a) _____ nacido el _____ sea inmunizado(a) para las enfermedades que yo marco a continuación: (Primer nombre y apellido) (Fecha de nacimiento)

SE TIENE QUE LLENAR TODA LA INFORMACION SOLICITADA

- | | | |
|--|--|---|
| <input type="checkbox"/> Difteria | <input type="checkbox"/> Sarampión | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Tétano | <input type="checkbox"/> Paperas | <input type="checkbox"/> <i>Haemophilus influenzae</i> tipo |
| <input type="checkbox"/> Tosferina | <input type="checkbox"/> Rubeola | <input type="checkbox"/> Neumococo Conjugado |
| <input type="checkbox"/> Varicela (chickenpox) | <input type="checkbox"/> Poliomielitis | <input type="checkbox"/> Meningococcal |

Por la siguiente razón: _____

Nombre del padre o guardian(es): _____

Dirección: _____ Teléfono: _____

Dirección del niño(a): _____ Teléfono: _____
Si es que es diferente de los padres o apoderados

Firma del padre o apoderado

Fecha en que firma

Nombre del distrito escolar, de la escuela, del centro de cuidado infantil, or del programa pre-escolar. **(Requerido)**
Archivar en el record permanente del niño. Y envíe una copia a su Departamento Local de la Salud.
DCH-0716S



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Medical Contraindication Form

Michigan immunization law requires that a child enrolled in a school or childcare center be immunized against the diseases specified unless a valid exemption applies. A child is exempt from these requirements for any specific immunization for any period of time for which a physician certifies that a specific immunization is or may be detrimental to the child's health. Any child with a medical contraindication to a particular vaccination is considered susceptible to that vaccine-preventable disease, and is subject to exclusion from school or childcare center if an outbreak of the disease occurs in the school or center.

PLEASE PRINT:

NAME OF CHILD (Last, First, Middle Initial)	BIRTH DATE (Mo/Day/Yr)
Preschool Program Or Childcare Center or School Name:	

The following immunization(s) are medically contraindicated:

Reason for exemption _____

The exemption shall continue until (Mo/Day/Yr): _____

PRINT NAME & ADDRESS OF PHYSICIAN	TELEPHONE
PHYSICIAN'S SIGNATURE (REQUIRED)	() DATE

File in the child's permanent record and send a copy to your local health department.



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Formulario Para Exoneración Por Contraindicación Médica

Las leyes de vacunación en Michigan requieren que todo niño registrado en una escuela o centro de cuidado infantil sea vacunado contra las enfermedades especificadas, a no ser que aplique al caso una excepción válida. Un niño esta exonerado de los requerimientos para vacunaciones especificas por el periodo de tiempo por el cual el médico certifica que tal inmunización especificada es, o podria ser, dañina para la salud del niño. Un niño que tiene una contraindicación médica para una vacuna especificada, es considerado(a) susceptible para esa enfermedad que pudo ser prevenida para vacunación, y podria ser excluido de la escuela o programa en caso de ocurrir un brote de esta enfermedad en la escuela o programa.

Por Favor, escriba con letra de imprenta:

NOMBRE DEL NIÑO(A) (Apellido, nombre, inicial del segundo nombre)	FECHA DE NACIMIENTO (Mes/Día/Año)
Nombre del programa pre-escolar o centro de cuidado ninos o distrito escolar:	

Las siguientes vacunas son medicamento contraindicadas:

Rasones para la exoneración: _____

Esta exoneración deberá continuar hasta (Mes/Día/Año): _____

ESCRIBA EN IMPRENTA EL NOMBRE Y DIRECCIÓN DEL MÉDICO	TELÉFONO ()
FIRMA DEL MÉDICO (REQUERIDO)	FECHA DE FIRMA

Poner en el archivo permanente del niño, y envíe una copia a su Departamento de Salud Local.

Vaccine Terminology

VACCINE ABBREVIATIONS AND/OR COMMON NAMES

SYNONYMS OR BRAND NAMES

*Product no longer distributed in US

VARICELLA:	Chickenpox.....	Varivax
DTP:	Diphtheria Tetanus (lockjaw) Pertussis (whooping cough)	Tri-Immunol* DTwP*
DTaP:	Diphtheria & Tetanus Toxoid & acellular Pertussis.....	Tripedia Acel-Imune* Infanrix Certiva* Daptacel
DT:	Diphtheria-Tetanus.....	DT Pediatric
DTP/Hib:	DTP/ <i>Haemophilus influenzae</i> type b.....	Tetramune* DTP/ActHIB*
DTP/Hib/Hep B:	DTP/ <i>Haemophilus influenzae</i> type b/Hepatitis B (Spanish).....	Pente Valente*
DTaP/Hib:	DTaP/ <i>Haemophilus influenzae</i> type b.....	TriHIBit*
DTaP/ Hep B/ Polio/IPV	DTaP/Hepatitis B/Polio Combination.....	Pediarix
DTaP/IPV	DTaP/Inactivated Polio Vaccine.....	Kinrix
DTaP-IPV/Hib	DTaP/ <i>Haemophilus influenzae</i> type b/Inactivated Polio Vaccine.....	Pentacel
Td:	Tetanus-diphtheria.....	Td (Adolescent/Adult) Decavac
Tdap:	Tetanus-diphtheria acellular pertussis.....	Adacel Boostrix
Hep A:	Hepatitis A.....	Havrix Vaqta HAV
Hep B:	Hepatitis B.....	HB Vaccine Recombivax HB Engerix B HBV
Hep A/Hep B:	Hepatitis A/Hepatitis B.....	Twinrix
Hib:	<i>Haemophilus influenzae</i> type b.....	ProHIBit* (PRP-D) Pedvax-HIB (PRP-OMP) HibTITER* (HbOC) OmniHIB* (PRP-T) ActHIB (PRP-T) Hiberix (PRP-T)

Continued on other side

VACCINE ABBREVIATIONS AND/OR COMMON NAMES

SYNONYMS OR BRAND NAMES

Hib/Hep B:	<i>Haemophilus influenzae</i> type b/Hepatitis B.....	Comvax
HPV:	Human Papilloma Virus Vaccine.....	
HPV4:		Gardasil
HPV2:		Cervarix
MMR:	Measles/Mumps/Rubella Combination.....	MMR MMRII
	Measles (Rubeola).....	Attenuvax*
	Mumps.....	MumpsVax*
	Rubella (German Measles).....	Meruvax* Meruvax II
	Measles/Rubella Combination.....	M-R-VAX II
	Mumps/Rubella Combination.....	Biavax II*
MMRV:	Measles/Mumps/Rubella Varicella Combination.....	ProQuad
OPV:	Oral Polio Vaccine.....	Sabin* TOPV* Trivalent Oral Polio* Orimune*
IPV:	Inactivated Polio Vaccine.....	Salk Inactivated IPOL IPV eIPV Poliovax*
Rota:	Rotavirus..... RV1..... RV5.....	Rotashield* Rotarix RotaTeq
PPV or PPSV23:	Pneumococcal Polysaccharide	PNU-Imune 23* Pneumovax23
PCV or PCV7: PCV13 :	Pneumococcal Conjugate.....	Prevnar Prevnar13
TIV:	Influenza (Seasonal).....	Fluzone Fluogen* FluShield* Fluarix Fluzone High Dose Fluzone Interdermal FluMist
LAIV:	Influenza (Seasonal).....	
MCV4:	Meningococcal Conjugate.....	Menactra Menveo
MPSV4:	Meningococcal Polysaccharide.....	Menomune