WHAT IS OHIO CHAMPIONS FOR VACCINES (OC4V)?

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OHIO’S SCHOOL IMMUNIZATION REQUIREMENTS

School vaccination laws exist to help keep kids safe at schools and to prevent the spread of childhood diseases. In all fifty states and Washington, D.C., parents are required to ensure that their school-aged children receive the necessary vaccinations before starting school. This includes children who attend public schools or state-licensed childcare centers, family day care homes, and developmental centers (and some private schools).

Based on the recommendations of the Center for Disease Control (CDC) and other health care officials, schools must enforce immunizations requirements, maintain records on all enrolled children, and submit reports to the local health department. While enforcement varies widely among states, children who have not received all required vaccinations or a valid exemption may be prohibited from attending school.

These state vaccination requirements for daycare and school entry are important tools for maintaining high vaccination coverage rates, and in turn, lower rates of vaccine-preventable diseases such as measles, meningitis, and chickenpox.

State laws establish vaccination requirements for school children. These laws often apply not only to children attending public schools but also to those attending private schools and day care facilities. All states provide medical exemptions, and some state laws, like here in Ohio, also offer exemptions for religious and/or philosophical reasons. State laws also establish mechanisms for enforcement of school vaccination requirements and exemptions. Studies have shown that vaccine exemptions tend to cluster geographically, making some communities at greater risk for outbreaks. We saw this in Ohio’s Amish community with measles in 2014.

As you know, a lot of things got put on hold during the pandemic, including pediatric well visits and immunizations. It’s time to protect Ohio’s children from vaccine-preventable diseases and it’s important to get them up to date as soon as possible. **Encourage your constituents to schedule a well visit and get their children up to date on any missing required and recommended vaccines prior to the start of the 2022-2023 school year.**

Together we can help mitigate the impact of COVID-19 on Ohio’s childhood immunization rates and help to prevent future outbreaks of vaccine-preventable diseases.
## What Immunizations Are Required in Ohio Schools?

### Ohio Immunization Summary for School Attendance

<table>
<thead>
<tr>
<th>VACCINES</th>
<th>FALL 2022 Immunizations for School Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP/DT, Td, Tdap</td>
<td>K-12</td>
</tr>
<tr>
<td></td>
<td>Four or more doses of DTaP or DT, or any combination. If all four doses were given before the fourth birthday, at fifth dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the fourth birthday, a fifth dose is required.</td>
</tr>
<tr>
<td>Grades 1-12</td>
<td>Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children ages 7 years and older with the fifth dose being Tdap. Minimum spacing of four weeks between doses 1 and 2, and six months between doses 2 and 3.</td>
</tr>
<tr>
<td>Grade 7</td>
<td>One dose of Tdap vaccine must be administered on or after the 10th birthday. <strong>All students in grades 8-12 must have one documented Tdap dose.</strong></td>
</tr>
<tr>
<td>POLIO</td>
<td>K-12</td>
</tr>
<tr>
<td></td>
<td>Three or more doses of IPV. The final dose must be administered on or after the fourth birthday, regardless of the number of previous doses and there must be six months spacing between doses 2 and 3. If a combination of OPV and IPV was received, four doses of either vaccine are required.</td>
</tr>
<tr>
<td>MMR, Mumps, Rubella</td>
<td>K-12</td>
</tr>
<tr>
<td></td>
<td>Two doses of MMR. The fifth dose must be administered on or after the first birthday. The second dose must be administered at least 28 days after the first dose.</td>
</tr>
<tr>
<td>HEP B, Hepatitis B</td>
<td>K-12</td>
</tr>
<tr>
<td></td>
<td>Three doses of hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 48 weeks after the second dose. The last dose in the series (third or fourth dose) must not be administered before age 24 weeks.</td>
</tr>
<tr>
<td>VARICELLA (Chickenpox)</td>
<td>K-12</td>
</tr>
<tr>
<td></td>
<td>Two doses of varicella vaccine must be administered prior to entry. The fifth dose must be administered on or after the first birthday. The second dose should be administered at least three months after the first dose; however, if the second dose is administered at least 28 days after the first dose, it is considered valid.</td>
</tr>
<tr>
<td>MCV4, Meningococcal</td>
<td>Grade 7</td>
</tr>
<tr>
<td></td>
<td>One dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to seventh grade entry. <strong>All students in grades 8-11 must have one documented dose of MCV4.</strong></td>
</tr>
<tr>
<td>Grade 12</td>
<td>Two doses of MCV4 by age 16 years, with a minimum interval of eight weeks between doses. If the fourth dose was given on or after the 16th birthday, only one dose is required. ****</td>
</tr>
</tbody>
</table>

### Notes:
- Vaccine should be administered according to the most recent version of the Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger or the Catch-up Immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind, as published by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices. Schedules are available for print or download through [cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html).
- Vaccine doses administered less than or equal to four days before the minimum interval or age are valid (grade period). Doses administered greater than or equal to five days earlier than the minimum interval or age are not valid doses and should be repeated when age appropriate. If MMR and varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- For additional information, please refer to the [Ohio Revised Code 3313.67](https://codes.ohio.gov/RC/3313.67) and [3313.671](https://codes.ohio.gov/RC/3313.671) for school attendance and the [ODH Director’s Journal Entry](https://odh.ohio.gov/director-journal) on required vaccines for child care and school. These documents list required and recommended immunizations and indicate exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at 800-282-8546 or 614-466-4643 with questions or concerns.

**Recommended DTaP or DT minimum intervals for kindergarten students are four weeks between the first and second doses, and the second and third doses; and six months between the third and fourth doses and the fourth and fifth doses. If a fifth dose is administered prior to the first birthday, a sixth dose is recommended but not required.**

**Tdap can be given regardless of the interval since the last tetanus or diphtheria toxoid containing vaccine. Children age 7 years or older with an incomplete history of DTaP should be given Tdap as the first dose in the dtap-tdap series. If the series began at age 7-9 years, the fourth dose must be a Tdap given at age 11-12 years. If the third dose of Tdap is given at age 10 years, no additional dose is needed at age 11-12 years.**

**The first polo dose in the IPV series must be administered at age 4 years and on or after the 16th birthday, a second dose is not required. If a pupil is in 12th grade and is 15 years old or younger, only one dose is required. Currently, there are no school entry requirements for meningococcal B vaccine.**

Last updated 12/01/2021.
DOLLARS FOR DOSES: BOOSTING VACCINE UPTAKE IN UNDER-VACCINATED COMMUNITIES – TWO PERSPECTIVES

By Keisha Krumm

Research shows that in socially and economically vulnerable communities, the unvaccinated are more likely to get vaccinated if they are offered incentives. Greater Cleveland Congregations (GCC), a collective of 36 faith communities from across Northeast Ohio’s Cuyahoga County, decided to put this research into action. Our Dollar for Doses campaign gives individuals $100 for receiving their first shot, $50 for their second dose, $25 for each booster shot, and $25 for each new person they bring to get a vaccination. This strategy has proven to break through the various barriers holding individuals back from getting vaccinated. Cash incentives work.

The proof? At a time when interest in vaccinations is waning across the country, the Dollars for Doses program, which began this past February, has resulted in almost 2,000 vaccines being administered in low-vaccinated Cleveland neighborhoods. And we are only halfway through our campaign.

Aside from the cash incentives, why have these pop-up vaccination clinics been so wildly successful?

Trusted Institutions: Seven GCC congregations in close proximity to low-vaccinated neighborhoods on Cleveland’s East Side have been serving as vaccination sites. These are trusted institutions in their neighborhoods, with respected clergy who are uniquely situated to address head-on residents’ vaccination concerns. These institutions also promote the clinics to their congregations and surrounding neighborhoods and provide volunteers the day of the clinic. As a result, our reach has been substantial when compared to other vaccine clinics across Cuyahoga County as well as the state of Ohio.

Collaborative Partners: Our Dollars for Doses partners are truly collaborative. For example, University Settlement, which provides social services to residents in Cleveland’s Slavic Village neighborhood, prints out our Dollars for Doses flyers and canvasses its local neighborhood on a regular basis prior to our pop-up clinic. WOVU 95.5 FM radio, a popular community station, has been on site at several of our clinics encouraging its listeners to come and get vaccinated. The Centers for Families and Children and other Federally Qualified Health Centers in the city of Cleveland put shots in arms at our clinics. Cleveland’s Better Health Partnership provides us with data from our clinics that can be used in a myriad of ways. Volunteers from the Jewish Federation of Cleveland make reminder calls to individuals who received their first shot at one of our clinics and are eligible for their
second shot or booster. Crucial financial support has come from the Funders Collaborative on COVID Recovery, MetroHealth System and Medicaid managed care plans such as United Healthcare.

**On-the-Ground Expertise:** Our GCC organizers are very familiar with the neighborhoods and residents served by the onsite clinics and have done an amazing job onsite throughout the four-hour clinics making sure everyone who wants to get a vaccine can get one in a safe and orderly environment. We want our guests to feel like VIPs, not like they are at the BMV! The Center for Families and Children’s clinicians are experts in administering vaccines, particularly to residents who may be fearful about receiving a shot, and the host congregations provide volunteers and security to provide a welcoming environment. These are well-organized events!

In response to other organizations expressing interest in our Dollars for Doses model, we have created a toolkit that includes the elements required to host a successful pop-up vaccine clinic. One organization, the Young Latino Network, for example, has replicated our Dollars for Doses program at clinics on Cleveland’s West Side.

Not surprisingly, the success of the Dollars for Doses pop-up vaccine clinics has brought its challenges, particularly ensuring we will have the funds available to sustain the remainder of the pop-up clinics. In addition, organizing a pop-up clinic every other week has pushed the bandwidth of our small but mighty staff. Still, we keep our eye on the prize: getting as many people as possible vaccinated in our most vulnerable communities.

*Keisha Krumm is executive director/lead organizer for Greater Cleveland Congregations. Since its founding in 2011, GCC has been an organization committed to building community power for change. With member institutions across the city of Cleveland and Cuyahoga County, GCC brings together people across race, religion, and region to take on tough issues like health equity, criminal justice reform and preserving democracy to get real results and make a real difference.*

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**By Dr. Eric Geyer**

With COVID still causing issues in Ohio, and vaccination rates staying pretty stagnant, it’s been tough as a healthcare provider. Knowing that the burden of COVID would lessen dramatically as vaccination rates rose, but feeling the stress of COVID daily, it’s time to think differently with our approach and how we message.

When Keisha Krumm, the Executive Director at Greater Cleveland Congregations (GCC), came to us at The Centers with the idea to pay people to get vaccinated, we leaned into it. We had seen initiatives like this work in trial runs with GCC over the summer of 2021. We saw people who would never otherwise get vaccinated get their COVID vaccines. We also loved the idea of having a different messenger to help breakdown the wall as most people have become tired of hearing the same cadence from healthcare professionals. We thought that by having a faith-based group reach out with its members, the message would carry more weight. We did not fully see how much that truly matters.
Greater Cleveland Congregations brought out hundreds of people to get vaccinated with the offer of a sizeable cash incentive for each vaccine given. So much so that in some neighborhoods, the first doses given at these clinics represented over 90% of the first doses given in 2-week period. What also was amazing was the number of people who came back to finish their initial vaccine series with the second dose. Families came to get everyone protected, because GCC rolled out the red carpet, provided a positive message and supportive environment with people that were reflective of the community. GCC has really paved the way for a model that can help drastically increase vaccinations rates by using a messenger and method that is reflective of the community and incentivizing them to make what they believe is a right decision, not just for them but for their community.

As a pharmacist, this has been one of the coolest programs I have ever been involved in and one I have learned the most from. This really shows that public health truly is a group project, and we need to leverage each member of the group to their best abilities. Healthcare providers need to communicate and provide healthcare, but with a pandemic in the information age we really need the support of others to help reach that last mile. Organizations like GCC are of the utmost importance to the community because they provide faith, hope and love. Those three things are something we can always use a little more of, even us healthcare providers.

I fully applaud the work of Greater Cleveland Congregations, because without their work Cleveland would have a much lower vaccination rate. That’s just one of the many wonderful things they do, but it has proven to be an amazing cause for which they have dedicated themselves to.
FUNDRAISER LUNCHEON TO SUPPORT OC4V COALITION AT 2022 ANNUAL MEETING

This year’s Foundation Fundraiser Luncheon, From Fear to Medical Freedom: Overcoming the Vaccine Hesitancy Movement and Medical Misinformation to Increase Rates Through Pediatricians, Legislators, Media and the Community, will support the Ohio Champions for Vaccines coalition as they work toward spreading medically correct information to Ohio families in an effort to increase vaccine rates that plummeted during COVID-19.

Ohio’s immunization rates are NOT where they need to be for all Ohioans to be protected from potentially dangerous vaccine-preventable diseases. The mis- and disinformation has scared Ohioans, and it is time to set the record straight. OC4V shares factual, data-driven information and stories about vaccines. Our program will approach this emergent issue and new wave of anti-vaccine sentiment couched as medical freedom with a multi-disciplinary team of experts, pediatricians, media, and parents. Our panelists will share their stories and perspectives, then the larger group will have an opportunity to ask questions and provide comments, with a goal of moving forward together to protect our children. The luncheon will feature a special virtual appearance by Paul Offit, MD, FAAP – all paid luncheon attendees will receive a copy of his new book, You Bet Your Life.

Your support will help us change the course of action for Ohio’s children! Learn more or register at https://ohioaap.org/foundationluncheon.

OC4V STEERING COMMITTEE MEMBERS

Casey Faber, American Cancer Society
Beth Bickford, Association of Ohio Health Commissioners, Inc.
Sheilia Hiddleson, Association of Ohio Health Commissioners, Inc.
Mallory Conlin, Boys & Girls Club of Central Ohio
Cindy Modie, Immunize Ohio
Megan Barcroft, DO, Nationwide Children’s Hospital
Kate Mahler, Ohio Academy of Family Physicians
Kyle Vath, Ohio PTA
Eric Geyer, PharmD, The Centers for Families & Children
Zakki Sabree, PhD, The Ohio State University
Tamara L. Drayton, UnitedHealthCare Community Plan of Ohio, Inc.
Samantha Bennett, Ohio Champions for Vaccines
Maureen Washock, Ohio Champions for Vaccines
Denise Warrick, MD, FAAP, Ohio Chapter, American Academy of Pediatrics
Lory Sheeran Winland, Ohio Chapter, American Academy of Pediatrics
Bill Cotton, MD, FAAP, Ohio Chapter, American Academy of Pediatrics
Sarah Denny, MD, FAAP, Ohio Chapter, American Academy of Pediatrics