

## Summary of HFS 144 Amendments

These amendments will go into effect officially on March 1, 2008. The new vaccine requirements apply to the 2008-09 school year and beyond.

1. Added pneumococcal infection to the list of diseases in ch. HFS 144 against which students in day care centers are to be immunized. This requirement will be enforced in the fall of 2008. There are exceptions in the pneumococcal conjugate vaccine (PCV) requirement: Students who begin the PCV series at 12 to 23 months of age are only required to receive 2 doses at least 2 months apart. Students who receive their first dose of PCV at 24 months of age or after are not required to obtain additional doses.
2. Added a Tdap vaccine requirement to ch. HFS 144 Table 144.03-A (reproduced below). In the 2008-09 school year, this requirement will apply to students in 6<sup>th</sup>, 9<sup>th</sup> and 12<sup>th</sup> grades. The requirement will be phased-in by adding 2 grades per year, until all grades 6-12 are included in the 2010-11 school year. There is an exception to the Tdap requirement: Students who received a dose of tetanus or diphtheria containing vaccine within 5 years of entering a grade for which Tdap is required are not required to receive Tdap vaccine.
3. Added a two-dose varicella vaccine requirement to ch. HFS 144 Table 144.03-A for students who were previously required to receive only one dose. In the 2008-09 school year, this requirement will apply to students entering grades K, 6 and 12. The requirement will be phased-in by adding 2 grades per year, until all grades are included in the 2013-14 school year.
4. Removed hepatitis B and varicella vaccine coverage phase-in language because these phase-in time periods have passed and the language is no longer necessary.

In addition, the Department updated ch. HFS 144 as follows:

5. Added language stating that the Department may temporarily suspend a vaccine requirement if the Department determines that there is a shortage of the vaccine because a student could not possibly obtain a required vaccine in such circumstances.
6. Revised the definition of "written evidence of immunization" to include electronic records because immunization registries used by many providers store immunization data that are accessible to schools electronically.
7. Changed the language regarding release of immunization information between vaccine providers and schools or day care centers, and among providers, from discretionary to mandatory to create a clear requirement for disclosure.

The intended goals of the proposed rulemaking were to:

- Prevent pneumococcal infections, pertussis infections and break-through varicella infections among students;
- Update the rules by deleting obsolete sections and adding clarifying language; and
- Create a clear requirement for disclosure of immunization information.

**TABLE HFS 144.03-A**  
**Required Immunizations for the 2008-09 School Year and**  
**the Following School Years**

Age/Grade	Required Immunizations (Number of Doses)					
5 months through 15 months	2 DTP/DTaP/DT		2 Polio		2 Hep B	2 Hib 2 PCV <sup>5</sup>
16 months through 23 months	3 DTP/DTaP/DT		2 Polio	1 MMR	2 Hep B	3 Hib <sup>4</sup> 3 PCV <sup>5</sup>
2 years through 4 years	4 DTP/DTaP/DT		3 Polio	1 MMR	1 Var	3 Hep B 3 Hib <sup>4</sup> 3 PCV <sup>5</sup>
Kindergarten through grade 5	4 DTP/DTaP/DT/Td <sup>1</sup>		4 Polio	2 MMR	2 Var <sup>3</sup>	3 Hep B
Grade 6 through grade 8	4 DTP/DTaP/DT/Td	1 Tdap <sup>2</sup>	4 Polio	2 MMR	2 Var <sup>3</sup>	3 Hep B
Grade 9 through grade 12	4 DTP/DTaP/DT/Td	1 Tdap <sup>2</sup>	4 Polio	2 MMR	2 Var <sup>3</sup>	3 Hep B

1. For kindergarten only, at least one dose to be received after 4 years of age unless medically contraindicated. A dose received 4 days or less before the fourth birthday is acceptable.
2. A single dose, booster immunization against tetanus, diphtheria and pertussis is required on entrance to grades 6, 9 and 12, beginning with the 2008-09 school year. See sub. (3) for phase-in of other grades.
3. Two doses of Var vaccine are required on entrance to grades K, 6 and 12, beginning with the 2008-09 school year. See sub. (3m) for phase-in of other grades.
4. At least one dose to be received after 12 months of age unless medically contraindicated. A dose received 4 days or less before the first birthday is acceptable
5. Required on entrance to a day care center, beginning with the 2008-09 school year.

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Department added the following six diseases, which are on the Nationally Notifiable Infectious Disease (NNID) list to ch. HFS 145 Appendix A:

1. Influenza-associated pediatric deaths
2. Influenza A virus infection, novel subtypes
3. Poliovirus infection, nonparalytic
4. Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV)
5. Vancomycin-intermediate *Staphylococcus aureus* (VISA) infections and Vancomycin-resistant *Staphylococcus aureus* (VRSA) infections
6. Vibriosis

Additionally, the Department added the following three diseases which are not on the NNID list to ch. HFS 145 Appendix A:

1. Any illness caused by an agent that is foreign, exotic or unusual to Wisconsin, and that has public health implications. Section 250.02, Stats., authorizes the Department to take action to ascertain the presence of any communicable disease. This generic reporting requirement is in lieu of a long listing of individual exotic diseases that are rare but have major public ramifications. It also takes into account the possible emergence of important diseases that are as yet unknown. Each state adjacent to Wisconsin requires that unusual illnesses be reported.
2. Lymphocytic Choriomeningitis Virus (LCMV) infections. In 2003, LCMV was transmitted in organs from an infected Wisconsin donor to four organ recipients. Implementation of public health measures upon identification of a case could potentially limit further exposures.
3. Transmissible spongiform encephalitis (TSE, human). Approximately 50% of states currently mandate reporting of human TSEs and the Division of Public Health already maintains surveillance for human TSEs. Mandatory reporting will simplify the process of obtaining clinical information, especially from out-of-state providers, and will permit the Department to describe more accurately the burden of endemic TSEs of humans.

Additionally, the Department deleted eight diseases, none of which are on the NNID list, from ch. HFS 145 Appendix A.

1. Amebiasis
2. Cat scratch disease (infection caused by *Bartonella* species)
3. Encephalitis, viral (other than arboviral)
4. Genital herpes infection (first episode identified by health care provider)
5. Hepatitis non-A, non-B, (acute)
6. Meningitis, viral (other than arboviral)
7. Reye syndrome
8. Typhus fever

Additionally, the Department changed the way the following five diseases are listed in ch. HFS 145 Appendix A:

1. Changed Arboviral infection (encephalitis/meningitis) to Arboviral Disease. The proposed change in terminology makes reporting requirements consistent with current Wisconsin public health practice. This group of diseases is currently on the NNID list.

2. Changed *E. coli* 0157:H7, and other enterohemorrhagic *E. coli*, enteropathogenic *E. coli*, enteroinvasive *E. coli*, enterotoxigenic *E. coli* to *E. coli* 0157:H7 and other Shiga toxin-producing *E. coli* (STEC), enteropathogenic *E. coli*, enteroinvasive *E. coli*, and enterotoxigenic *E. coli*. In 2005, CSTE recommended that the enterohemorrhagic *Escherichia coli* (EHEC) condition name be revised to Shiga toxin-producing *Escherichia coli* (STEC) to more accurately describe the condition under surveillance.
3. Change Hepatitis E from a category I disease to a category II disease because this disease does not occur often in the United States and person-to-person transmission is uncommon.
4. Changed Suspected Outbreaks of Other Acute or Occupational-related diseases from category II to category I because a possible outbreak requires immediate attention.
5. Changed Varicella (chickenpox) – report by number of cases only to Varicella (chickenpox). In 2003, CDC encouraged all states to establish individual case reporting systems to monitor the impact of the varicella vaccination program on varicella morbidity. This level of surveillance is now operationally feasible because the number of cases is far fewer than in the pre-vaccination era. Varicella is on the NNID list.

Lastly, the Department:

- 1) Alphabetized the diseases in ch. HFS 145 Appendix A to make the list easier for persons reporting communicable diseases to use.
- 2) Allowed reports of communicable diseases to be submitted electronically. Electronic transmission of reports currently occurs and is expected to increase.
- 3) Cited the most recent editions of the *Sexually Transmitted Diseases Treatment Guidelines* and the *Control of Communicable Diseases Manual* to make the references current.
- 4) Required laboratories to forward specimens to the State Laboratory of Hygiene for confirmatory or investigation purposes if requested by the State Epidemiologist.
- 5) Required laboratories and health care facilities to report a negative test result on a case or a suspected case to justify release from isolation or quarantine if requested by the State Epidemiologist or Local Health Officer.
- 6) Removed language requiring a person, laboratory or health care facility to report the total number of cases of other communicable diseases listed in ch. HFS 145 Appendix A to the local health officer on a weekly basis because varicella, the only disease reported in this manner, will now be reported as individual cases.

The intended goals of the proposed rulemaking were to make communicable disease reporting requirements in Wisconsin current, consistent with CSTE recommendations and supportive of Wisconsin public health practice.