



Immunization Guidelines for Schools and Childcare Facilities



Georgia law requires children attending a school or childcare facility be protected from certain vaccine-preventable diseases.

The immunization requirements for school and childcare facility attendance are outlined in the Georgia Immunization Certificate (Form 3231) and the Policy Guides 3231INS and 3231REQ. Childcare facility operators, school personnel, healthcare providers and parents are responsible for seeing that these rules and laws are enforced. This information summarizes your responsibilities and provides guidelines to help your school or childcare facility

Have questions?

Talk with your Healthcare Provider.
<https://dph.georgia.gov/immunizations>

Follow the Immunization Requirements

Certificates

The immunization requirements apply to children who attend a school or childcare facility daily, part time or once in a while. Children attending both a school and childcare facility (including after-school programs) must have valid documentation at each location. In the event that there are two locations where documentation is needed, copies of these forms are acceptable.

A “new entrant” is any child entering any school or childcare facility in Georgia for the first time or after having been absent for more than 12 months or one school year.

- When a new entrant enrolls, the responsible official of any school or childcare facility may grant a 30-calendar-day waiver of the certification requirement for a justified reason. Upon expiration of the waiver, the child shall not be admitted to or be permitted to attend the school or childcare facility unless a certificate of immunization is provided.
- If the child withdraws and then returns, the parent is not allowed another 30 days to provide a certificate or affidavit.

Exemptions

Georgia law allows for two types of exemptions from the immunization requirements: medical and religious. Each child must have one of two items on file—either a valid Georgia Immunization Certificate (Form 3231) or a signed, notarized statement, which is called an affidavit of religious exemption.

Medical exemption

- Medical exemptions are used only when a child has a medical condition that keeps him from being able to receive a specific vaccine(s), not all vaccines.
- A medical exemption must be marked on the Georgia Immunization Certificate (Form 3231). A letter from a physician, Advanced Practice Registered Nurse (APRN) or physician assistant (PA) attached to the certificate will not be accepted as a medical exemption. It must be marked on the certificate.
- A physician, APRN or PA must re-evaluate the need for a medical exemption at least once each year and issue a new certificate of immunization at that time. The date of expiration on the section of the certificate marked “medical exemption” should be one year from the date of issue and never be longer than one year.

Religious exemption

- For a child to be exempt from immunizations on religious grounds, the parent or guardian must furnish the school/childcare facility with a notarized Affidavit of Religious Objection to Immunization (DPH Form 2208).
- This Affidavit of Religious Objection to Immunization form should be filed instead of the Georgia Immunization Certificate (Form 3231). The affidavit does not expire.

Educate parents that in the event of a vaccine-preventable disease outbreak, children with medical or religious exemptions will be excluded from attending the school or childcare facility.

Assessment of Immunization Documentation

The immunization records of children enrolled in head start programs, prekindergarten programs and childcare facilities will be reviewed at least once a year by public health. Public health or school officials will perform an annual review of kindergarten and seventh-grade students.

Immunization documentation from church and other private childcare programs also are also reviewed.

- Immunization documentation must be available at the school or childcare facility and be accessible for review during business hours. The school or childcare facility staff must assist the public health or school official in locating the immunization documentation for each child.
- In addition to yearly reviews from public health, a staff member from the Georgia Immunization Office will review immunization documentation from randomly selected schools and childcare facilities annually. The following information is recorded:
 - Number of children enrolled
 - Number of children who have valid current certificates
 - Number of children with expired certificates
 - Number of children with current 30-day waivers
 - Number of children with religious exemptions
 - Number of children with medical exemptions
 - Number of children with certificates marked “complete” but missing required doses
- When the certificates are reviewed, 100 percent of children attending the school or childcare facility must have appropriate immunization documentation to meet the requirements of the law.
- According to the Official Code of Georgia Annotated (OCGA) 20-2-771, “Any responsible official permitting any child to remain in a school or facility in violation of this Code section, and any parent or guardian who intentionally does not comply with this Code section, shall be guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine of not more than \$100.00 or by imprisonment for not more than 12 months.”
- Noncompliant childcare facilities will be reported to the Georgia Department of Early Care and Learning (DECAL). Noncompliant private and public schools will be reported to the Georgia Department of Public Health’s Office of the Inspector General. In addition, noncompliant public schools will be reported to the Georgia Department of Education (DOE).

Check Each Certificate

The school or childcare facility must check each child's certificate to be sure it is complete, current and includes the following information:

- Name
- Birth date
- Check complete for K through 6th grade if child is 4 years or older and have met all requirements for school attendance. If additional vaccine(s) are needed, enter date of expirations when the next required vaccine is due.
- An expiration date in the future that is entered by a physician or public health official for children younger than age 4. The expiration date should coincide with when the next required vaccine is due.
- Dates that vaccines were given
- Month, day and year for all dates except serology, diagnosis and history of disease dates (Serology, diagnosis and history of disease dates may be documented by entering the year only.)

Immunization certificates marked with an expiration date must be replaced no later than 30 days after the date of expiration.

- The child cannot be allowed to attend the school or childcare facility until he brings a new certificate.
- According to the Official Code of Georgia Annotated (OCGA) 20-2-771, "Any responsible official permitting any child to remain in a school or facility in violation of this Code section, and any parent or guardian who intentionally does not comply with this Code section, shall be guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine of not more than \$100.00 or by imprisonment for not more than 12 months."
- Noncompliant childcare facilities will be reported to DECAL. Noncompliant private and public schools will be reported to the Georgia Department of Public Health's Office of the Inspector General. In addition, noncompliant public schools will be reported to the Georgia Department of Education (DOE).

Each certificate must:

- Be signed by a physician, APRN or PA licensed in Georgia or a public health official. A stamp of a physician, APRN or PA's written signature is permissible when cosigned by an office staff member.
- Have a printed, typed or stamped name and address of the physician, APRN, PA, health department or Georgia Registry of Immunization Transactions and Services (GRITS) official issuing the certificate.
- Have a complete date of issue with the month, day and year. A photocopy or faxed copy of a certificate is acceptable.

NOTE: The Georgia Immunization Certificate (Form 3231) is not a substitute for a personal immunization record, which should be kept as a permanent record by parents. A personal immunization record should include all immunizations received to date, both recommended and required, as well as any religious exemption paperwork.

GRITS is a statewide Web-based system that stores immunization information about residents of Georgia from birth to death.

The GRITS immunization information system allows for a child's history to be stored in a secure database. Doctors' offices, clinics, schools and childcare facilities enrolled as GRITS providers can access a child's vaccination history quickly and easily.

GRITS determines the vaccinations that are due or overdue and those that are valid or invalid based on minimum age and time intervals from the Advisory Committee on Immunization Practices (ACIP). GRITS also:

- Provides guidance to healthcare providers about which vaccines a child should receive at each visit.
- Creates and prints valid immunization certificates (Form 3231).
- Features a demographic screen where users can view and print data and access a child's full immunization history.
- Enables schools and childcare providers to print signed copies of Form 3231 if the child is current on his immunizations.

GRITS offers a variety of training methods.

Contact GRITS at 866-483-2958 (GRITS HOTLINE) or email at dph-gaimmreg@dph.ga.gov for more information about how your facility can access GRITS.

Georgia Registry of Immunization Transactions and Services (GRITS)

Keep Certificates Organized and Current

Schools and childcare facilities are responsible for setting up and keeping an organized system for filing immunization certificates.

Keeping immunization certificates organized:

- Allows for easier identification of unprotected children in the event of a disease outbreak.
- Provides a method for quickly reviewing records for audits.

Any system that works is acceptable as long as the required information can be easily located. Using an organized system or method for tracking current certificates of immunization allows you to easily identify certificates that will expire and notify the parents ahead of time. Certain spreadsheets and software programs work well to track when certificates will expire, but a notebook will always be needed to maintain the following:

- A list of all children who are current in your facility and where each certificate is located
- A list of names and birth dates of students who have medical or religious exemptions (The religious affidavit should be placed in the student's permanent record.)
- A list of students who are excluded from attending
- All current and valid certificates

It will be important to have a system for reminding parents that new certificates are due within 30 days of the expiration date.

The status of expiring or expired certificates should be clearly noted with information about how you notified the parent or guardian, including the dates you spoke to the parent or guardian or sent a letter requesting a certificate and any other comments.

Plan for children who are excluded from attending school:

- There should be a specific plan for sending home all children whose parent or guardian does not provide updated current certificates within 30 days of the expiration date.
- A list of those excluded from attending also should be in the notebook.
- The certificates for children excluded from attending may be kept in a separate folder.
- The certificates in the notebook are for children who are currently attending your school or childcare facility.

If a child leaves or transfers, the certificate should be given to the parent or guardian or sent to the new school or childcare facility. If you keep a copy of these certificates, file them in a folder labeled "inactive."

Immunization certificates that are marked "complete for school" may be submitted by the parent or guardian or printed from GRITS. The certificates should be filed immediately in the student's permanent record.

Vaccines Protect Children Against These Diseases

Once a vaccine becomes licensed by the Food and Drug Administration (FDA), the new vaccine is not immediately required for school or childcare attendance. The decision to require a vaccine is one that is considered carefully. As a result, there are some vaccines that are required for school or childcare attendance in Georgia. In addition, there are some vaccines that are recommended by the ACIP but are not required for school or childcare attendance in Georgia.

Required vaccines

The vaccines that are required for school or childcare attendance in Georgia protect against diseases such as:

Diphtheria is a bacterium that causes a throat infection so severe that a patient cannot swallow or breathe. It can make a poison in the body that can cause heart failure or paralysis. The “D” part of the DTaP, Tdap or Td vaccines protects against diphtheria. All students born on or after January 1, 2002 and entering, advancing or transferring into 7th grade in Georgia need proof of an adolescent pertussis (whooping cough) booster vaccination called “Tdap”.

Hepatitis A and B are viruses that can cause liver damage. Some people with Hepatitis B become lifelong carriers.

Haemophilus influenzae Type B (Hib) is a bacterium that causes meningitis, a swelling of the brain covering. It also can cause severe throat or joint infections, pneumonia and hearing loss.

Measles is a highly contagious virus that causes fever and rash. It can lead to ear infections, pneumonia or swelling in the brain. The first “M” in the MMR (measles, mumps and rubella) vaccine protects against this disease.

Mumps causes painful swelling around the cheeks and jaw. The virus can result in hearing loss or meningitis. The second “M” in the MMR vaccine protects against this disease.

Pertussis (whooping cough) causes coughing spells so violent that a child cannot breathe, eat or drink. Infection with this bacteria can lead to pneumonia, seizures or even coma. The “P” part of the DTaP (diphtheria, tetanus and pertussis) and Tdap vaccines protects against this disease.

Polio is a virus that can paralyze, make muscles weak or require the use of a machine to help patients breathe. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV) protects against this disease.

Rubella (German measles) can harm unborn babies early in pregnancy. The “R” in the MMR vaccine protects against this disease.

Tetanus (lockjaw) causes muscle spasms that can make it difficult to breathe or swallow. The bacteria get into the body through a wound. The “T” in DTaP, Tdap or Td vaccine protects against this disease. Everyone needs a tetanus booster every 10 years.

Varicella zoster (chickenpox) is a virus that causes itching and blisters. It can be severe and can lead to pneumonia or skin infections.

Pneumococcal is a bacteria that can cause pneumonia, meningitis, or otitis media. Pneumococcal disease can be fatal or result in long-term problems, like brain damage, hearing loss, and limb loss.

Meningococcal disease is caused by a bacterium called *Neisseria meningitidis*, or meningococcus. There are two common forms—meningitis and septicemia. All students born on or after January 1, 2002 and entering, advancing or transferring into 7th grade in Georgia need proof of an adolescent meningococcal vaccination.

Recommended vaccines

The vaccines that are not required for school or childcare attendance in Georgia but are still recommended will protect against diseases such as:

Human papillomavirus (HPV) can cause cervical cancer in females and other forms of cancer or genital warts in both females and males.

Influenza is a virus that can lead to pneumonia and death. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something—such as a surface or object—with flu viruses on it and then touching their mouth or nose.

Septicemia is an infection of the bloodstream.

Rotavirus is a virus that causes vomiting and diarrhea. It is most often seen in babies and young children and is the most common cause of severe diarrhea in children. Babies and children can get sick quickly because they can lose a lot of fluids from the body.

Notifiable Diseases

Georgia law requires all physicians, laboratories and other healthcare providers to report patients with conditions of public health concern as listed on the Georgia Division of Public Health (DPH) Notifiable Disease list. The DPH also relies on community partners, such as schools and childcare facilities, to assist with the identification and reporting of these conditions. The Notifiable Disease list is included in this booklet.

When a reportable disease is suspected, the DPH should be notified immediately. Additionally, when a healthcare provider makes a diagnosis of a reportable disease in a student or child who attends a school or a childcare facility, the facility's staff also should report the condition to DPH immediately. Reports can be made to the local or district DPH or by calling 866-PUB-HLTH (866-782-4584). DPH will work with school officials and childcare staff to implement measures to reduce or prevent spread of disease in the facility.

Georgia Department of Public Health Resources and Contacts

Georgia Immunization Office

404-657-3158

<http://dph.georgia.gov/immunizations>

Georgia Registry of Immunization Transactions and Services (GRITS)

866-483-2958

<http://dph.georgia.gov/georgia-immunization-registry-grits>

Epidemiology Vaccine Preventable Diseases

404-657-2588

<http://dph.georgia.gov/vaccine-preventable-diseases>

24-hour Georgia's Notifiable Disease Emergency Reporting Hotline

866-PUB-HLTH (866-782-4584)

NOTIFIABLE DISEASE CONDITION REPORTING

All Georgia physicians, laboratories, and other health care providers are required by law to report patients with the following conditions.

LEGEND	
* To be determined in consultation with DPH Epidemiology. Based on public health impact potential. Ultimate decision made by State Health Officer and State Epidemiologist.	*** ALT and total bilirubin associated with hepatitis A, B, or C serology should be reported
** Invasive isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.	**** L. monocytogenes resulting in infant mortality is reportable to Vital Records.
	Potential agent of bioterrorism
SUBMISSION REQUIREMENTS FOR CLINICAL MATERIALS ¹	
All reported cases	Send invasive ² specimens
Hold 7 days and submit if DPH requests	DPH does not routinely test but submission may occur upon DPH approval

REPORT IMMEDIATELY

Call: District Health Office or **1-866-PUB-HLTH (1-866-782-4584)**

all outbreaks/clusters (including infectious and non-infectious causes, toxic substance and drug-related, and any other outbreak)		measles (rubeola)	
		melioidosis	
		meningitis (specify agent when reporting)	
unusual occurrence of disease of public health concern *		meningococcal disease, invasive infections **	
		novel influenza A virus infections	
all acute arboviral infections <ul style="list-style-type: none"> California serogroup viruses (California encephalitis, Jamestown Canyon, keystone, La Crosse, snowshoe hare, trivittatus) chikungunya virus dengue virus equine encephalitis viruses (eastern, Venezuelan, western) Powassan virus St. Louis encephalitis virus yellow fever virus Zika virus 		novel respiratory virus infections (SARS, MERS, etc.)	
		orthopoxvirus infections (i.e., smallpox, mpox)	
		pertussis	
		plague	
		poliomyelitis	
		Q fever	
		rabies (human and animal infections)	
		SARS-CoV-2 infections (COVID-19) <ul style="list-style-type: none"> positive results (excluding antibody and at-home tests) 	
		<i>Staphylococcus aureus</i> infections with vancomycin MIC ≥ 4 mcg / mL	
		Shiga-toxin producing <i>E. coli</i> infections (including O157)	
animal bites			
anthrax			
botulism			
brucellosis (<i>Brucella</i> spp. including <i>B. abortus</i> , <i>B. canis</i> , <i>B. melitensis</i> , <i>B. suis</i>)			
<i>Cronobacter</i> , Invasive (infants under 1 year of age)			
cholera (toxigenic <i>Vibrio cholerae</i>)			
diphtheria			
<i>Haemophilus influenzae</i> , invasive infections **			
hantavirus pulmonary syndrome (HPS)			
hemolytic uremic syndrome (HUS)			
hepatitis A *** <ul style="list-style-type: none"> reactive anti-HAV IgM 			
		tuberculosis (TB) <ul style="list-style-type: none"> confirmed or presumed active TB disease, any age latent TB infection (inactive TB) in children <6 	
		tularemia	
		viral hemorrhagic fevers	

Report cases electronically through the state electronic notifiable disease surveillance system at sendss.state.ga.us

For more information:

www.dph.ga.gov/disease-reporting



REPORT WITHIN 7 DAYS			
acute flaccid myelitis (AFM)		hepatitis D (acute and chronic)	
acquired immunodeficiency syndrome (AIDS)#		hepatitis E (acute)	
anaplasmosis		HIV infection#	
aseptic meningitis		• Infection, any stage OR progression to stage 3 (AIDS)	
babesiosis		• Perinatal HIV exposure	
blood lead levels			
campylobacteriosis	A	influenza, RSV, or COVID-19-associated death (all ages)	A
<i>Candida auris</i> infections	A	legionellosis	7
carbapenem-resistant Enterobacterales (CRE) infections	A	leprosy (Hansen's disease) (<i>Mycobacterium leprae</i>)	A
• <i>Enterobacter</i> spp.		leptospirosis	
• <i>Escherichia coli</i>		listeriosis ****	A
• <i>Klebsiella</i> spp.		Lyme disease	
chancroid		malaria	A
<i>Chlamydia trachomatis</i> Infection (including <i>Lymphogranuloma venereum</i>)	A	maternal death (during pregnancy or within 1 year of end of pregnancy)###	
Creutzfeldt-Jakob Disease (CJD), confirmed and suspected cases < 55 years old		multisystem inflammatory syndrome in children (MIS-C)	
cryptosporidiosis	7	mumps	7
cyclosporiasis	A	psittacosis	
ehrlichiosis		rubella (including congenital)	A
giardiasis		salmonellosis (including typhoid fever and paratyphoid fever)	A
gonorrhea	A	shigellosis	A
hearing loss (confirmed or suspected permanent, <6 years old)##		Spotted Fever Rickettsiosis (<i>Rickettsia</i> spp.)	A
hepatitis B (acute and chronic) ***		streptococcal disease, group A or B (invasive) **	7
• reactive HBsAg and all associated HBV lab markers (HBV DNA, anti-HBc IgM, total anti-HBc, anti-HBe, HBeAg, anti-HBs)		<i>Streptococcus pneumoniae</i> infection (invasive) **	7
• detected HBV DNA and all associated HBV lab markers (HBsAg anti-HBc IgM, total anti-HBc, anti-HBe, HBeAg, anti-HBs)		• report with antibiotic-resistance information	
• undetectable HBV DNA		tetanus	
• HBsAg reactive pregnant women		toxic shock syndrome (TSS)	
• perinatal HBV exposures		varicella (chickenpox)	7
• all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 2 years old		vibriosis (<i>Vibrio</i> spp.)	A
hepatitis C (acute and chronic) ***		yersiniosis	A
• reactive anti-HCV (both serology and point-of-care rapid testing)			
• HCV RNA by PCR (both detected and undetected)			
• detected HCV genotype			
• anti-HCV reactive or HCV RNA detected pregnant women			
• perinatal HCV exposures			
• all (positive, negative, indeterminate) anti-HCV and HCV RNA by PCR for children ≤ 3 years of age			

REPORT WITHIN 14 DAYS

Neonatal Abstinence Syndrome (NAS). Information for reporting NAS is available at dph.georgia.gov/nas.

Report cases electronically through the state electronic notifiable disease surveillance system at sendss.state.ga.us

REPORT WITHIN 1 MONTH

Birth Defects, including fetal deaths of at least 20 weeks gestational age and children < 6 years old.

Information for reporting birth defects available at dph.georgia.gov/birth-defects-reporting.

Healthcare-associated Infections (HAIs). For facilities required to report HAI data to CMS via NHSN. Report in accordance with the NHSN protocol. Reporting requirements and information available at dph.georgia.gov/epidemiology/healthcare-associated-infections/nhsn-notifiable-reporting.

REPORT WITHIN 6 MONTHS

Benign brain and central nervous system tumors

Cancer

Report forms and reporting information for tumors and cancer is available at

dph.georgia.gov/chronic-disease-prevention/georgia-comprehensive-cancer-registry/reporting-cancer.

REPORTING FOR OTHER CONDITIONS

Report forms and reporting requirements available at

dph.georgia.gov/epidemiology/georgias-hiv-aids-epidemiology-section/hiv-aids-case-reporting.

Hearing loss case report form is available at dph.georgia.gov/EHDI.

Reporting information for maternal deaths is available at dph.georgia.gov/maternal-mortality.

¹ **“Clinical materials” is defined as:** **A.** a clinical isolate containing the infectious agent for which submission of material is required; or **B.** if an isolate is not available, material containing the infectious agent for which submission of material is required, in the following order of preference: **(1)** a patient specimen; **(2)** nucleic acid; or **(3)** other laboratory material.

² **“Invasive disease” is defined as:** isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.