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## **CAIR is moving to CAIR2: It's bigger, better, faster!**

An increasingly complex immunization schedule can be confusing for providers, schools and colleges, and individuals. Compounding this problem is the fact that immunization records are often scattered, making it difficult to assess whether a person is truly up to date.

An immunization registry is a secure, confidential, web-based database that stores the immunization records of children and adults. Registries help medical practices keep patients of all ages up to date on vaccinations by avoiding under-immunization or over-immunization. Immunization registries are an important component in achieving and maintaining high immunization coverage rates, allowing providers, health departments, schools, and health plans to target those in need of immunizations.

The California Immunization Registry (CAIR) is currently comprised of nine regional or county registries, several which have been in existence since the early 90's. Seven of the nine CAIR regions use the same software and are managed by the California Department of Public Health.

**Starting in the fall of 2016 through the summer of 2017, the CAIR system will be moving to an enhanced system, called CAIR2, which promises to be bigger, better, and faster!**

**CAIR2 is bigger!** By the summer of 2017, CAIR2 will consolidate immunization records from all regional immunization registries across the state. This means that providers will be able to access more complete immunization histories, even if your patient visited multiple providers in different clinics and regions. This will enable you to make better informed decisions on what immunizations your patients need and save you from waiting and deferring or repeating doses.

**CAIR2 is better!** Starting in the summer of 2017, EHRs can be set up for bidirectional data exchange. This will allow patient immunization records to be sent from CAIR2 to your EHR for viewing and updating within your EHR along with recommendations on what doses are due.

**CAIR2 is faster!** Patient lookups and reports will run faster. You no longer have to wait to provide updated yellow cards to patients, since data sent to CAIR2 will appear within seconds.

In addition, provider offices may spend less time pulling patient charts since:

- Schools and child-care centers will find records easier to look up in CAIR2.
- Health plans will be able to run their own reports of their members' immunizations from CAIR2.

CAIR2 will still provide the same functions you value from the previous system, including:

- Routine vaccine scheduling, which shows what doses are due for your patients using the latest guidance from the Centers for Disease Control and Prevention (CDC).
- Reports to help you manage vaccine inventory and tracking of doses administered.
- Reminder/recall notices, so your office can identify and contact patients who are in need of immunizations.

To learn more about CAIR2, visit [www.CAIRweb.org](http://www.CAIRweb.org)

## Catching Up Patients Whose Immunization Personal Beliefs Exemptions Will Expire in 2016 or 2017

Under a recent California law, [SB 277](#):

- Vaccines required for school and child care may no longer be excused due to personal beliefs, including religious beliefs.
- Personal beliefs exemptions that were filed in past years for children in
  - child care remain valid until kindergarten or transitional kindergarten (TK).
  - grades K (including TK) through 6<sup>th</sup> grade remain valid until 7<sup>th</sup> grade.

Once personal beliefs exemptions (PBEs) expire at these checkpoints, students need to fulfill all [immunization requirements for their age/grade](#) to continue into the next grade span. **Plan ahead now to catch up children whose PBEs will expire in 2016 or 2017.**

In order for a child with a prior PBE to start 7<sup>th</sup> grade, parents will need to document before the first day of school that their child has received:

- 1 dose of chickenpox vaccine\*
- 2 doses of MMR vaccine†
- 3 doses of DTaP, Tdap or Td, with at least 1 dose of Tdap at 7 years of age or older‡
- 4 doses of polio vaccine (3 doses if the last dose was given on or after the second birthday)§

If there is not enough time to administer all required doses prior to the start of the school year, please continue to follow the [CDC catch-up schedules and minimum intervals](#). The student should be able to [attend school without any special physician documentation](#) (just the standard immunization record for school) if:

- You are following the CDC minimum intervals for catch-up.
- No doses are currently due at the start of school; the next doses first become due after the start of school according to a conditional admission schedule that schools must follow.
- You continue to complete the catch-up on schedule during the school year.

By starting the catch-up well in advance of 7<sup>th</sup> grade or kindergarten/TK, in many cases all missing doses can be given before the school year begins.

For additional information, please visit [www.ShotsForSchool.org](http://www.ShotsForSchool.org).

Thank you again for keeping patients, schools, and communities safe and healthy.

\* Two doses required if student is age 13 years or older at 7<sup>th</sup> grade advancement with expiring PBE or new admission at age 13-17 years.

† Both doses given on or after 1<sup>st</sup> birthday. Only one dose of mumps but two doses of measles vaccines are required if given separately.

‡ These doses may include Td, DTP, or DT; however at least one dose must be Tdap or DTaP/DTP given on or after 7<sup>th</sup> birthday.

§ CDC recommends that the 4<sup>th</sup> dose of polio vaccine is given on or after the 4<sup>th</sup> birthday, but this is not required for school entry.