

School Immunization Requirements IN State Department of Health 2015-2016 School Year Frequently Asked Questions

Please contact the Immunization Division with the Indiana State Department of Health if you have questions pertaining to the information included within this document at Immunize@isdh.in.gov or (800) 701-0704.

General Questions:

[Immunization Records](#)

[Immunization Documentation](#)

[Immunization Legislation](#)

Vaccine-specific Questions:

[Meningococcal \(Meningitis\) Vaccine](#)

[Hepatitis A Vaccine](#)

[Hepatitis B Vaccine](#)

[Measles, Mumps, Rubella \(MMR\) Vaccine](#)

[Varicella Vaccine](#)

[Polio](#)

[Diphtheria/Tetanus/Pertussis Vaccines](#)

Immunization Records

How do I know if a dose of vaccine is valid?

The best resource to use when evaluating immunization records is the minimum ages and intervals table. This table can be found online in Appendix A of the Centers for Disease Control and Prevention (CDC)'s Pink Book publication:

<http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>

This document is also posted to the CHIRP Document Center.

All invalid doses of vaccine will be marked with a big, red "X" in CHIRP.

What is the four-day grace period and when can it be used?

If a vaccine is given up to 4 days **before** the minimum recommended age or interval for administration of the vaccine, it can be counted as valid. However, this does not change the recommended schedule for routine vaccine administration. The 4-day grace period does *not* apply to the minimum 28-day interval between 2 live virus vaccines (MMR, LAIV and Varicella).

Can I convert a vaccine interval to days or weeks?

If the dosing interval is 4 months or more, it is recommended to use only **calendar** months (e.g., 6 calendar months from October 15 is April 15). If the interval is less than 4 months, it is OK to convert months into days or weeks (1 month = 4 weeks = 28 days). This is the convention we follow for the school immunization requirements, as it is the convention recommended by the Advisory Committee on Immunization Practices (ACIP) and published by the Centers for Disease Control & Prevention (CDC).

Do invalid doses of vaccine need to be repeated?

A dose of vaccine that is required for school entry and is administered **5 or more days** before the

recommended minimum age or interval *must* be repeated as age appropriate. This also applies to live viral vaccines administered at intervals shorter than 28 days. In general, the repeat dose must be spaced after the invalid dose by at least the minimum interval. CHIRP will forecast if the vaccine needs to be repeated and the earliest acceptable date for repeat vaccination. Children do not meet school immunization requirements if they have one or more invalid doses of vaccine that need to be repeated.

If a student received a dose of vaccine before the recommended minimum interval or age, can I accept a physician note stating there is no need to repeat the dose as a medical exemption?

No. School immunization requirements in the state of Indiana follow the recommendations made by the Advisory Committee on Immunization Practices (ACIP) and are adopted by the CDC. Invalid doses will be marked in CHIRP with a red "X", and the parent/guardian will need to provide evidence of immunity in order to meet school entry requirements. Evidence of immunity includes documentation of a valid dose(s) of vaccine, a positive IgG titer (if acceptable for the vaccine dose in question), or acceptable documentation of history of disease.

If there is an extended interval between doses of a vaccine series, does the student need to start the series over?

None of the vaccine series required for school should be restarted or contain additional doses due to an extended intervals between doses. The student should just complete the series with the remaining dose(s) due.

Are immunizations required for all children enrolled in school?

Yes. Students in all grades are required to meet the minimum immunization requirements. Immunization requirements extend to children ages 3 through 5 attending special education programs, child care, or preschool within the school building.

I have a student who will be only 10 when he enters 6th grade. Should he receive the MCV4 and Tdap before 6th grade like the other students, or wait until he is 11?

Yes. The student should receive the Tdap and MCV4 prior to entering 6th grade. Indiana's school immunization requirements are grade-based and not age based. A dose of Tdap and MCV4 will count towards the adolescent requirements if given at age 10 or older. All of the Tdap and MCV4 vaccines are licensed for use in persons 10 years of age.

I have several students who are behind on vaccines. Where can I find the catch-up schedule for vaccination?

The immunization schedules are updated annually by the CDC usually in late January or early February of the current year. These updates include the catch-up schedule. To find the most recent version of the immunization schedules, please visit:

<http://www.cdc.gov/vaccines/schedules/index.html>

The link to the catch-up schedule can be found here:

<http://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>

Immunization Documentation

What information must be included on the physician's statement to document immunization?

The statement must include the student's name and date of birth, the vaccine given and date (month/day/year) of each immunization.

What is considered adequate documentation of an immunization history?

Adequate documentation is as follows: documentation from a healthcare provider, an immunization record from another school corporation, an immunization record in the Indiana Immunization Registry (CHIRP), or a printed record from another state registry. This

documentation must include the month, day, and year for **each dose** of vaccine administered.

What is “laboratory evidence of immunity”?

Laboratory evidence of immunity is a blood test for disease-specific immune globulin that measures immunity to disease. This is often used to confirm immunity when immunization records are not available, or a parent reports a history of disease.

Is lab evidence of immunity acceptable for ALL school required immunizations?

No. Lab evidence is NOT acceptable for Diphtheria, Pertussis, or Tetanus.

Laboratory evidence of immunity may be used in place of immunization requirements for the following school required immunizations:

**Measles
Chickenpox**

**Mumps
Hepatitis A & B**

**Rubella
Polio**

Serology testing for chickenpox can only be used to document history of disease.

May a chiropractor give a medical exemption for vaccination?

No. Only a licensed physician (M.D. or D.O.) can provide a medical exemption. A nurse practitioner or a physician assistant under a physician’s supervision can also give a medical exemption.

What must a medical exemption contain?

A medical exemption is a physician’s certification that a particular immunization may be detrimental to the child’s health. It must state in writing that the child has a medical contraindication to receiving a vaccine. The IN State Dept of Health has a medical exemption form available on CHIRP that providers should use to document medical exemptions. Many contraindications to vaccination are not permanent; therefore, a medical exemption should be obtained for the student each school year. As true medical contraindications to immunization are vaccine- specific, medical exemptions must be written for each vaccine that is contraindicated.

What must a religious objection contain?

A religious objection must state that the objection to immunization is based on religious grounds. Each objected immunization must be specified. The objection must be in writing, be signed by the child’s parent, and delivered to the school. The religious objection must state there is a religious objection to vaccination and must specify the vaccine(s) the parent is refusing. There is no requirement of proof. To ensure the continued religious objection status for a student, schools must require written documentation of the religious objection each school year.

Is there a philosophical objection allowed in Indiana?

No. Indiana law only allows religious and medical exemptions. A child must have a complete vaccination record, or have a religious objection or valid medical exemption on file in order to attend school.

Immunization Legislation

If a child does not present an immunization record or is not up to date with his/her immunizations, may he/she enroll in school?

Yes. Indiana Code (IC 20-34-4-5) states that a child is not permitted to attend school beyond the first day without furnishing a written record, unless:

- The school gives a waiver (for a period not to exceed 20 days); or
- The local health department or a physician determines that the child’s

immunizations have been delayed due to extreme circumstances and that the required immunizations will not be completed by the first day of school. The parent must furnish a written statement and a time schedule approved by a physician or health department; or

- A medical exemption or religious objection is on file.

Where can I find the Indiana legislation pertaining to school exclusion during outbreaks of disease?

The legislation pertaining to communicable disease control is found in the Communicable Disease Reporting and Control Rule (410 IAC 1-2.3). The local health officer(s) in the county(s) where outbreaks are occurring has the legal authority to implement procedures to protect public health, including the exclusion of cases, carriers, contacts and suspected cases of disease. The full Communicable Disease Reporting and Control Rule can be found online here:

http://www.in.gov/isdh/files/comm_dis_rule.pdf

Are foreign exchange students required to meet school immunization requirements?

Yes. All students who are enrolled and attending school are required to meet Indiana's school immunization requirements.

Are there any recommended immunizations that are not required for school entry for the 2015 - 2016 school year?

Yes. There are several vaccinations included on the routine immunization schedules that are not required for school entry this year. These include two doses of Hepatitis A vaccine (for grades 2-12) and three doses of Human Papillomavirus (HPV) vaccine for all adolescents and teens. The flu vaccine is also recommended annually for all students and staff.

Meningococcal (Meningitis) Vaccine

Are students who received the meningococcal vaccine (MCV4) before 6th grade entry required to get another dose?

Only doses of meningococcal vaccine administered on or after the 10th birthday meet the school requirements. Students who receive one or more doses prior to the 10th birthday should follow the routine immunization schedules for teens (dose #1 for 6th grade and dose #2 for 12th grade).

The immunization record provided is from an electronic medical record, how do I know if they meet school requirements?

If a child received the meningococcal vaccine overseas, and the record does not specify MCV4, please contact the ISDH Immunization Division for further guidance.

If a child receives one dose of MCV4 vaccine at age 10 or older and another dose of MCV4 at age less than 16, will they still need a booster dose at age 16?

No. As long as the first dose was given after the 10th birthday and the 2 doses are separated by a minimum of 8 weeks. However, the child's healthcare provider should offer a booster dose before a student graduates from high school if the student plans to attend college.

If high school seniors, receive the first dose of MCV4 between ages 13-15 years, are they eligible to receive the booster dose?

Yes. The minimum interval between doses of MCV4 is only 8 weeks. It is safe and acceptable to offer the booster if less than 5 years has passed since the prior dose.

Can pregnant students be vaccinated with MCV4?

Yes. MCV4 may be given to pregnant females.

I have a student who received a dose of MPSV4 (polysaccharide vaccine) instead of MCV4 (conjugate vaccine). How do I know if the dose counts towards school requirements?

MPSV4 does not create an adequate response when given as a booster, so it can only be accepted as dose #1. A 6th grader who receives MPSV4 should have a booster with MCV4 at the usual age, but can opt to receive a dose of MCV4 as few as 8 weeks after the MPSV4. If the MCV4 booster is given prior to age 16, the child's healthcare provider should offer another MCV4 booster before a student graduates from high school if the student plans to attend college.

Hepatitis A Vaccine

Is hepatitis A vaccine required for all grade levels?

No. The hepatitis A vaccine is only required for students in grades K and 1. However, it is recommended for all children > 1 year of age who have not previously been vaccinated.

What is the minimum age and minimum interval for the hepatitis A vaccine?

The minimum age for the first dose of hepatitis A vaccine is 12 months. The minimum interval between doses of hepatitis A vaccine is 6 calendar months (i.e. 6 calendar months from April 15 is October 15). Doses that are administered before the minimum age or interval must be repeated. The four day grace period applies to the hepatitis A vaccine.

Does a student who has received 3 doses of hepatitis A vaccine need another dose if the minimum interval was not met between any of the doses?

A recent clarification from the Centers for Disease Control & Prevention (CDC) has allowed for the hepatitis A vaccination series to be considered complete as long as 6 months have elapsed between the first valid dose and the last dose. This recommendation is for the hepatitis A vaccination series only.

Hepatitis B Vaccine

What are the minimum intervals for Hepatitis B vaccine?

The minimum intervals between vaccine doses are:

Dose 1 and 2 is 4 weeks (28 days)

Dose 2 and 3 is 8 weeks (56 days)

Dose 1 and 3 is 16 weeks (112 days)

Note: The minimum age for the 3rd dose of Hepatitis B vaccine is 24 weeks (164 days). All minimum intervals and ages must be met in order for a student to be considered compliant; regardless of grade level. There is no harm in repeating a dose of vaccine to ensure a child is protected.

Is there is a combination vaccine product with a 4-dose Hepatitis B schedule?

There is combination vaccine DTaP-Hep B-IPV (trade name = Pediarix) that is used frequently in provider offices to reduce the number of shots a child receives at one time. When this particular vaccine is used during infancy, a child will receive a 4-dose series of Hepatitis B vaccine. If Pediarix is used, the child must receive all 4 doses in order to complete the vaccination series. This is recommended both by the vaccine manufacturer and also the national experts.

Measles, Mumps, Rubella (MMR) Vaccine

I have a foreign exchange student at my school who received single antigen measles, mumps and rubella vaccinations. How do I know if they meet school entry requirements?

Any student who receives the MMR as single antigen vaccinations needs to have 2 valid documented doses of measles vaccine, 2 valid doses of mumps vaccine and 1 valid dose of rubella vaccine, or laboratory evidence of immunity to disease. Doses of vaccine must be administered on or after the 1st birthday.

What is the minimum age for MMR vaccine to be counted as a valid dose?

For the MMR to be counted as a valid dose, it must have been given on or after the first birthday. The four day grace period is applicable to the MMR vaccine.

Can I accept a history of disease as evidence of immunity to measles, mumps or rubella?

No. A history of disease is no longer considered to be presumptive evidence of immunity.

Varicella Vaccine

Is a doctor's statement required as proof of chickenpox disease?

- For children entering preschool through 7th grade, a signed statement by a health care provider, documenting a diagnosis of varicella or verifying the history of disease, including date (MM/YY) is required. Chickenpox disease occurring in previously vaccinated persons is difficult to diagnose. A child should be vaccinated if there is uncertainty regarding the diagnosis; there is no harm in vaccinating a person who is already immune to disease. More information for providers on assessing disease history is available at: <http://www.cdc.gov/chickenpox/hcp/immunity.html>
- For children entering grades 8-12, documentation from a parent is sufficient. A written statement should include date of disease, a parent's signature, and date of signature. (Example: If a parent cannot recall exact dates, something as simple as stating that disease occurred in the spring of 2000 is acceptable)

Schools do not need to verify the history of varicella disease for students with current documentation in CHIRP.

If a child receives one dose of Varicella vaccine and then subsequently has chickenpox, is a second dose of Varicella vaccine needed?

No. The parent will need to provide appropriate documentation of chickenpox disease.

Polio Vaccine

What is the catch-up schedule for Polio?

Children in all grade levels can have as few as 3 doses of vaccine as long as the 3rd dose is given after the 4th birthday. For children in grades K-5, there must be a minimum 6-month interval between dose #2 and dose #3 if they completed the series with only 3 doses of vaccine. For children in grades 6-12, only a 4 week interval between dose #2 and dose #3 is required.

Please note that children with a mixed (both OPV and IPV) schedule must have a total of 4 doses in order to complete the series.

Why do the polio requirements differ between grade levels?

In 2009, the national experts changed the recommended interval between the final 2 doses of the Polio series from 4 weeks to 6 months. At the time the recommendation was published, revaccination was not recommended for children who had previously completed the series. The

school immunization requirements have "grandfathered" in students who were complete for the series at the time the recommendations changed.

The easiest way to determine Polio requirements is by grade level. Students in grades K-5 must have their final dose after their 4th birthday with a minimum interval of 6 months between the final 2 doses. Students in all other grade levels need to have a minimum of 4 appropriately spaced doses or have been considered up-to-date per the catch-up schedule at the time of vaccination.

Diphtheria, Tetanus, Pertussis Vaccines

I have a 6th grade student who received a dose of DTaP instead of Tdap prior to the start of this school year. Is this dose valid for the adolescent Tdap?

Yes. The DTaP vaccine contains more antigen than the Tdap vaccine. Any dose of DTaP given to a person 7 years or older will count as a valid dose of Tdap as long as the minimum intervals between doses were met.

Children ages 7-10 years on the catch-up schedule who errantly receive a dose of DTaP instead of Tdap can opt to receive a dose of Tdap at ages 11-12 but it's not required.

I have an 8 year old who has no prior vaccination against diphtheria/tetanus/pertussis. The DTaP vaccine is not licensed for use in persons over the age of 6. What do I recommend?

The DTaP vaccine is not licensed for use in persons over 6 years of age. Children 7 years and older should receive a dose of Tdap followed by Td for any remaining doses. Children who receive the Tdap at age 7 or older as part of the catch-up schedule will meet the adolescent Tdap requirement and will not need another dose prior to entry into 6th grade.