

**2012-2013 School Year
Indiana State Department of Health (ISDH)
School Immunization Requirements**
Updated: February 2012

3 to 5 years old	3 Hep B (Hepatitis B) 4 DTaP (Diphtheria, Tetanus & Pertussis) 3 Polio (Inactivated Polio) 1 MMR (Measles, Mumps & Rubella) 1 Varicella	
Kindergarten to 2	3 Hep B 5 DTaP 4 Polio	2 MMR 2 Varicella
Grades 3 to 5	3 Hep B 5 DTaP 4 Polio	2 MMR 1 Varicella
Grades 6 to 12	3 Hep B 5 DTaP 4 Polio	2 MMR 2 Varicella 1 Tdap (Tetanus & Pertussis) 1 MCV (Meningococcal)

Hep B Two dose alternative adolescent schedule (Recombivax HB® given at age 11-15 years x 2 doses) is acceptable if properly documented.

DTaP Four doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's fourth birthday.

Polio The 4th dose of polio vaccine must be administered on or after child's fourth birthday. This applies only to kindergarten, 1st and 2nd grades for 2012-2013. Three doses of polio vaccine are acceptable if 3rd dose was administered on or after child's fourth birthday and the doses are all IPV or all OPV.

MMR If given as single antigen, 2 Measles, 2 Mumps and 1 Rubella required.

Varicella Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool, kindergarten and 1st grade. A signed statement from the parent/guardian indicating history of disease, including month and year is required for children in grades 2-12. Two doses of varicella vaccine separated by at least 3 months are **recommended** for all elementary-aged students.

Tdap A Tdap booster can be given as early as 1 year after a Td vaccination.

For children who have delayed immunizations, please refer to the 2012 CDC "Catch-up Immunization Schedule" to determine adequately immunizing doses. All minimum intervals and ages for each vaccination as specified per 2012 CDC guidelines must be met for a dose to be valid. A copy of these guidelines can be found at www.cdc.gov/vaccines/recs/schedules/default.htm.

Additional Information

- Immunization reports are required to be submitted to the Indiana State Department of Health via CHIRP, the Indiana immunization registry, for K, 1st & 6th grades.
- Required educational materials to be distributed:
 - Grades 1-12: Meningococcal Parent Letter with Meningococcal Fact Sheet
 - 6th Grade (Parents of 6th grade girls and boys): HPV letter/response form and FAQ sheet. Completed response forms should be returned to the school. The school will supply a summary of responses to ISDH.
- Recommended educational materials to be distributed:
 - Grades 6-12: Pertussis Parent Letter with Pertussis Fact Sheet

School Immunization Requirement FAQs
Indiana State Department of Health (ISDH)
2012-2013 School Year

Requirements & Compliance

1. Are there any additions to required immunizations for the 2012-2013 school year?

No. Although, students in Kindergarten, 1st and 2nd grade are required to have two (2) doses of varicella vaccine, or evidence of immunity. This is a „roll-up“ requirement from last year’s two dose varicella requirement.

2. 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.

3. 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, and the signature of a medical provider.

4. What is considered adequate documentation of an immunization history?

Adequate documentation is as follows: a physician’s written documentation, an immunization record from another school corporation, or an immunization record in the Indiana Immunization Registry (CHIRP) or printed record from another state registry. This documentation must include the month, day, and year each dose of vaccine was administered.

5. 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.

6. Who should interpret lab results for evidence of immunity?

Laboratory results for evidence of disease immunity must be ordered by a physician. The ordering physician is responsible for interpreting the results and determining adequate evidence of immunity based on current medical guidelines.

7. 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	Mumps	Rubella
Chickenpox	Hepatitis B	Polio

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

CDC and ACIP allow a 4-day grace period. If a vaccine is given up to 4 days **before** the minimum recommended age for administration of the vaccine, it can be counted as valid. However, this does not apply to every vaccine and does not change the recommended schedule for routine vaccine administration.

9. 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 MMR vaccine.

10. When are 4 doses of Polio vaccine required?

Four doses of polio are considered a complete series, with the fourth dose administered on or after the 4th birthday for those students entering Kindergarten, 1st or 2nd grades for the 2012-2013 school year. Three doses are acceptable if the third dose was given on or after the 4th birthday and only one type of vaccine was used (all OPV or all IPV). The minimum interval between the two final doses in the series **must** be at least 6 months.

11. 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).

12. If there is an extended interval between doses of Hepatitis B, does the student need to start the series over?

No. The hepatitis B series should never be restarted or additional doses given due to an extended interval between doses. The student should just complete the series with the remaining dose(s) due.

13. 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.

14. What must a medical exemption contain?

A medical exemption is a physician's certification that a particular immunization is **detrimental** to the child's health. It must state in writing that the child has a medical contraindication to receiving a vaccine and must be resubmitted to the school each year. As true medical contraindications to immunization are vaccine-specific, medical exemptions must be written for each vaccine that is contraindicated.

15. 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, signed by the child's parent, and delivered to the school. There is no requirement of proof. The written religious objection must be resubmitted to the school each year.

16. Is there a philosophical objection allowed in Indiana?

No. Indiana law only allows religious and medical exemptions.

17. 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 or religious exemption is on file.

18. If a patient has recently had a meningococcal polysaccharide vaccine (MPSV: Menomune), do they still need to get the meningococcal conjugate vaccine (MCV4: Menactra) to meet the school requirements? Is there a minimum interval that should be observed for the patient's safety between the two vaccines?

The 2012 Immunization Schedule for MCV4 states: "Administer to children previously vaccinated with MCV4 or MPSV4 who remain at increased risk after 3 years (if first dose administered at age 2 through 6 years) or after 5 years (if first dose administered at age 7 years or older)."

19. 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 would need to document the history of the disease.

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

- a. For children entering preschool, kindergarten, and 1st grades, a signed statement by a health care provider, including date of disease, is required to document history of chickenpox disease.
- b. For children entering grades 2-12, 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.)

Reporting

- 21. Do schools provide summary reports to ISDH on the immunization status of students in all grades?**
While all students enrolled in school are required to be up-to-date on all required immunizations, schools only provide summary data to ISDH on students enrolled in kindergarten, first, and sixth grades at this time.
- 22. If a child has an exemption on file, may he/she be counted as complete?**
No. If a child has an exemption on file for any immunization, he/she must be reported under "Exemptions".
- 23. Do schools need to report immunization data for all 6th grade immunizations?**
Yes, including varicella and Hepatitis B, MCV4, and Tdap.
- 24. What is the deadline for reporting school immunization data?**
The deadline for reporting school immunization data is November 1st.
- 25. Does the Indiana State Department of Health determine if a child is excluded from school for incomplete immunizations?**
No. School exclusion is determined by the school according to IC 20-34-4-5.
- 26. What immunization education materials must be provided to the parents of enrolled students?**
Meningococcal disease—all grades;
Human Papillomavirus (HPV) Infection—6th grade students.
- 27. Are schools required to collect the response form included with the Human Papillomavirus (HPV) Infection educational materials?**
Yes. Schools are required to collect HPV response forms from parents of sixth grade students. However, forms should not include the student's name and should not be returned to ISDH. Schools will complete a summary report of responses received from HPV forms and submit the report to ISDH along with the other immunization reports.
- 28. Are schools required to send parents information about Pertussis and the Tdap vaccine?**
No. Indiana State Department of Health recommends that schools send this information home to parents, however it is not required.

**For additional questions, please call the
Indiana State Department of Health Immunization Division at (800) 701-0704.**