2020-2021 School Immunization Requirements

Frequently Asked Questions for Healthcare Providers

1. 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 or at this link:

https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/a/age-interval-table.pdf

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.

2. 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. This does not change the recommended schedule for routine vaccine administration and should not be used when scheduling future appointments.

The 4-day grace period does not apply to the minimum 28-day interval between 2 live virus vaccines (MMR, LAIV, and Varicella).

3. 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). We follow these conversion guidelines for the school immunization requirements, as it is recommended by the Advisory Committee on Immunization Practices (ACIP) and published by the Centers for Disease Control & Prevention (CDC).

4. 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 virus 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.

5. If a student received a dose of vaccine before the recommended minimum interval or age, can I send 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.

6. 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.

7. 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.

8. I have a patient 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?

The student should receive the Tdap and MCV4 prior to entering 6th grade. Indiana's school immunization requirements are grade-based, 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. ACIP recommendations are not laws, and Indiana Code for immunization requirements for school trumps the ACIP recommendation.

9. 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

For children on the catch-up schedule, we recommend using the CHIRP forecast tool to plan future immunization appointments. CHIRP automatically defaults to the catch-up schedule when

a child is behind on immunizations and will forecast the earliest date the next dose can be given. Forecast is located below View/Add under the Vaccinations tab on CHIRP.

10. I have patients from other countries and I am having trouble translating their immunization records.

Appendix B of the CDC Pink Book contains a guide to translating foreign immunization records, as well as a list of vaccines given in other countries. The guide can be found here: https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/foreign-products-tables.pdf

You may contact the ISDH Immunization Division if you need further assistance.

Immunization Documentation

1. 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.

2. 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.

3. 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.

4. 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 A & B, Polio

5. May a chiropractor give a medical exemption for vaccination?

No. Only a licensed physician (M.D. or D.O.) or advanced practice provider (nurse practitioner or physician assistant under a physician's supervision) can provide a medical exemption.

6. What must a medical exemption contain?

A medical exemption is a provider'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 Indiana State Department 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.

7. What must a religious objection contain?

A religious objection must state that the objection to immunization is based on religious grounds. The objection must be in writing, signed by the child's parent, and delivered to the school. The religious objection must state there is a religious objection to vaccination. 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. *Please note: there is no state form for a religious objection.*

8. 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

1. 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 they may enroll, but 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.

2. 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: https://www.in.gov/isdh/files/comm_dis_rule.pdf

3. 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.

4. Are there any recommended immunizations that are not required for school entry for the 2020 – 2021 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 to three doses of Human Papillomavirus (HPV) vaccine for grades 6-12, and two doses of Meningococcal Serogroup B (MenB) vaccine for grade 12. 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 6th grade requirements.

Students who receive one or more doses prior to the 10th birthday should follow the routine immunization schedules for teens.

If a student received a meningococcal vaccine noted from an electronic medical record, how do I know if they meet school requirements, and how do I document this in CHIRP?

Most likely, the student received a dose of the quadrivalent meningococcal conjugate vaccine (MCV4). There are 2 conjugate vaccines: Menactra (MCV4P) and Menveo (MCV4O). If the lot number is included on the record, you can determine which vaccine the student received. Menactra is a Sanofi Pasteur product and lot numbers typically begin with a "U". Menveo is a product from GlaxoSmithKline/Novartis and lot numbers begin with the letter "M". If the lot number is not available, you may document the dose using either MCV4P or MCV4O; use MCV4P if the vaccine was administered prior to March 2010.

Only doses of meningococcal vaccine administered on or after the 10th birthday meet the school requirements. Any dose of meningococcal vaccine administered prior to 2006 is the meningococcal polysaccharide vaccine (MPSV4). 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?

Not for 12th grade, as long as the first dose was given after the 10th birthday and the 2 doses are separated by a minimum of 8 weeks. The ACIP does recommend the child getting a booster dose on or after the 16th birthday, however. The healthcare provider should offer a booster dose if the child 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 the first dose. 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 on or after the 16th birthday (as long as the minimum interval is met), especially if the student plans to attend college.

Does the Meningococcal Serogroup B vaccine count as the meningococcal requirement for school?

No, this is a different vaccine. The meningococcal requirement is for meningococcal quadrivalent vaccine (MCV4) containing serotypes A, C, W, and Y (Menactra and Menveo).

Hepatitis A Vaccine

Is hepatitis A vaccine required for all grade levels?

Yes.

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?

According to the CDC, the hepatitis A series can be considered complete as long as 6 months have elapsed between the first valid dose and the last dose (third 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. 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. If the child received a birth dose of single antigen Hepatitis B vaccine and then finishes the series with Pediarix, the child will receive a 4-dose series of Hepatitis B vaccine. There is no harm in the child receiving a 4th dose. If the child did not receive the birth dose of Hepatitis B vaccine, the 3-dose series of Pediarix will complete the Hepatitis B series.

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 for age 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 10th grade, a signed statement by a health care provider, documenting a diagnosis of varicella or verifying the history of disease, including date (month/year) 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 11 and 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-8, there must be a minimum 6-month interval between the second and third doses if they completed the series with only 3 doses of vaccine. For children in grades 9-12, only a 4 week interval between the second and third doses is required. The 3 doses must be the same (all IPV or OPV).

Please note that children with a mixed schedule (both OPV and IPV) 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-8 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 receive a dose of DTaP instead of Tdap can opt to receive a dose of Tdap at ages 11-12 but it is 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?

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.

I have an older adolescent patient who is pregnant. She received Tdap in 6th grade. Should she get another Tdap dose?

Yes. Tdap is recommended *each* pregnancy, and should ideally be given in the early part of the third trimester (27-36 weeks). This helps protect the baby against pertussis in the early months of life. The Tdap dose can be given regardless of the interval since the person last received a tetanus or diphtheria toxoid-containing vaccine.

If a pregnant woman receives the Tdap vaccine earlier in pregnancy than 27-36 weeks, she does not need another dose.

HPV Vaccine

Please explain the 2-dose and 3-dose series recommendation. When do patients need 2 doses rather than 3?

Children who receive the first dose of the HPV vaccine series before their 15th birthday only need 2 doses, as long as the minimum interval between doses is met. The minimum interval in this scenario is 5 months. Studies have shown kids have a better immune response for this vaccine at younger ages. Two doses in this age group was as effective as three doses in older children.

Children receiving their first dose on or after the 15th birthday or with certain immunocompromising conditions need 3 doses.

Children who started the series before age 15 but received the second dose sooner than 5 months after the first dose also need a third dose.

What is the minimum age for this vaccine?

It may be given starting at age 9.

A child younger than age 15 has 2 documented doses of the HPV vaccine. Why is CHIRP forecasting a 3rd dose?

Check to see when the second dose was given. If it was given less than 5 months after the first dose, the child will need a third dose. This second dose might not be marked with a red X in CHIRP (assuming it was given at least 4 weeks after the first dose, which is the minimum interval between dose 1 and 2 for the 3-dose series).

FDA-Licensed Combination Vaccines [(a)]

Vaccine[(b)]	Trade name (year licensed)	Age range	Routinely recommended ages
DTaP-HepB-IPV	Pediarix (2002)	6 weeks-6 years	Three dose primary series at 2, 4, and 6 months of age[(c)]
DTaP-IPV/Hib	Pentacel (2008)	6 weeks-4 years	Four dose schedule at 2, 4, 6, and 15-18 months of age
MMRV	ProQuad (2005)	12 months-12 years	Two dose series at 12-15 months[(d)] and 4-6 years
DTaP-IPV	Kinrix (2008)	4-6 years	Fifth dose of DTaP and fourth dose of IPV at 4-6 years of age
DTaP-IPV	Quadracel (2015)	4-6 years	Fifth dose of DTaP and fourth or fifth dose of IPV at 4-6 years of age
HepA-HepB	Twinrix (2001)	≥ 18 years	Three doses series at 0, 1, and 6 months

Abbreviations: ACIP = Advisory Committee on Immunization Practices; CDC = Centers for Disease Control and Prevention; DTaP = diphtheria and tetanus toxoids and acellular pertussis; FDA = Food and Drug Administration; HepA = hepatitis A; HepB = hepatitis B; Hib = hamophilus influenza type b; IPV = inactivated poliovirus; MMR = measles, mumps, and rubella; MMRV = measles, mumps, rubella, and varicella

(a) Although MMR, DTaP, DT, Td, and Tdap are combination vaccines, they are not included on this list because they are not available in the United States as single antigen products.
(b) In descriptions of combination vaccines, dash (-) indicates products in which the active components are supplied in their final (combined) form by the manufacturer; slash (/) indicates products in which active components must be mixed by the user.
(c) Use of DTaP-HepB-IPV after single antigen HepB vaccine is administered at birth will result in a 4-dose HepB vaccine series. This is considered acceptable by ACIP.
(d) Unless the parent or caregiver expresses a preference for MMRV vaccine, CDC recommends that MMR vaccine and varicella vaccine (separate) should be administered for the first dose for children in the age group of 12-47 months. The recommended age for the first dose for both series is 12-15 months.

Source: Kroger AT, Duchin J, Vázquez M. General Best Practice Guidelines for Immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP). https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html. Accessed on January 2, 2018.

Please visit this link for more information and frequently asked questions about combination vaccines (including when to count doses as valid when the wrong combination vaccine is given):

http://www.immunize.org/askexperts/experts_combo.asp