

Indiana State Department of Health
MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY*
2010-2011

Grade	Minimum Immunization Requirements
Pre-Kindergarten	<ul style="list-style-type: none"> • 4 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), pediatric diphtheria-tetanus vaccine (DT), or any combination of the three are required. • 3 doses of either oral polio (OPV) or inactivated polio (IPV) vaccine in any combination. • 3 doses of Hepatitis B vaccine (3rd dose must be on or after 24 weeks of age). • 1 dose of measles (rubeola) vaccine on or after the first birthday. • 1 dose of mumps vaccine on or after the first birthday. • 1 dose of rubella (German measles) vaccine on or after the first birthday. • 2 doses of varicella (chickenpox) vaccine on or after the first birthday and separated by 3 months or physician written documentation of history of chickenpox disease, including month and year of disease.
Kindergarten	<ul style="list-style-type: none"> • 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4th dose was administered on or after the 4th birthday and at least 6 months after the 3rd dose). • 4 doses of any combination of IPV or OPV. The 4th dose must be administered on or after the 4th birthday, and at least 6 months after the previous dose. (3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday, and at least 6 months after the 2nd dose). • 3 doses of Hepatitis B vaccine (3rd dose must be given on or after 24 weeks of age and no earlier than 16 weeks after the 1st dose). • 2 doses of measles (rubeola) vaccine on or after the first birthday. • 2 doses of mumps vaccine on or after the first birthday. • 1 dose of rubella (German measles) vaccine on or after the first birthday. • 2 doses of varicella (chickenpox) vaccine on or after the first birthday and separated by 3 months or physician written documentation of history of chickenpox disease, including month and year of disease.
Grade 1	<ul style="list-style-type: none"> • 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4th dose was administered on or after the 4th birthday and at least 6 months after the 3rd dose). • 4 doses of any combination of IPV or OPV by age 4-6 (3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday). • 3 doses of Hepatitis B vaccine (3rd dose must be on or after 24 weeks of age). • 2 doses of measles (rubeola) vaccine on or after the first birthday. • 2 doses of mumps vaccine on or after the first birthday. • 1 dose of rubella (German measles) vaccine on or after the first birthday. • 1 dose of varicella (chickenpox) vaccine on or after the first birthday or physician written documentation of history of chickenpox disease, including month and year of disease.

Indiana State Department of Health
MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY*
2010-2011

Grade	Minimum Immunization Requirements
Grades 2-5	<ul style="list-style-type: none"> • 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4th dose was administered on or after the 4th birthday and at least 6 months after the 3rd dose). • 4 doses of any combination of IPV or OPV by age 4-6 (3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday). • 3 doses of Hepatitis B vaccine (3rd dose must be on or after 24 weeks of age). • 2 doses of measles (rubeola) vaccine on or after the first birthday. • 2 doses of mumps vaccine on or after the first birthday. • 1 dose of rubella (German measles) vaccine on or after the first birthday. • 1 dose of varicella (chickenpox) vaccine on or after the first birthday <i>or</i> written history of disease. Parental history of chickenpox disease is acceptable proof of immunity. A signed written statement from the parent/guardian indicating month and year of disease is sufficient.
Grades 6-12	<ul style="list-style-type: none"> • 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4th dose was administered on or after the 4th birthday and at least 6 months after the 3rd dose). • 4 doses of any combination of IPV or OPV by age 4-6 (3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday). • 3 doses of Hepatitis B vaccine (3rd dose must be on or after 24 weeks of age). • 2 doses of measles (rubeola) vaccine on or after the first birthday. • 2 doses of mumps vaccine on or after the first birthday. • 1 doses of rubella (German measles) vaccine on or after the first birthday. • 2 doses of varicella (chickenpox) vaccine on or after the first birthday separated by age-appropriate interval <i>or</i> written history of disease. Parental history of chickenpox disease is acceptable proof of immunity. A signed written statement from the parent/guardian indicating month and year of disease is sufficient. • 1 dose of tetanus-diphtheria-acellular pertussis vaccine (Tdap) given on or after 10 years of age. • 1 dose of meningococcal conjugate vaccine (MCV4).

*For children who have delayed immunizations, please refer to the 2010 CDC “Catch-up Immunization Schedule” to determine adequately immunizing doses. All minimum intervals and ages for each vaccination as specified per 2010 CDC guidelines must be met for a dose to be valid. These guidelines can be found at www.cdc.gov/vaccines/recs/schedules/default.htm

Dear Parents and Guardians

The Indiana State Department of Health and the Indiana Department of Education have asked that school systems provide important information to parents and guardians of students about pertussis (whooping cough) and the vaccines available to prevent this serious illness.

Pertussis is a highly contagious respiratory infection caused by the bacterium *Bordetella pertussis*. Pertussis is spread by infectious airborne droplets created when a person who is infected coughs or sneezes. Infants and young children are typically vaccinated against pertussis, but the vaccine loses effectiveness as children get older and vaccinated children can become infected.

Pertussis causes severe coughing fits. During the fits, the affected person may be short of breath and appear distressed. The coughing fit may be followed by vomiting and exhaustion. Young infants are at highest risk for developing complications like pneumonia and seizures from the disease.

Adolescents and adults who have been previously vaccinated may have milder disease, but they can still spread pertussis to others. The United States Centers for Disease Control and Prevention (CDC) recommends a routine pertussis booster for all 11-12 year old children, and for anyone older who did not have a booster at 11-12 years of age. The pertussis booster (Tdap) is combined with tetanus toxoid and takes the place of one tetanus booster shot. The Tdap vaccine can be given as soon as one year after a regular tetanus booster.

Beginning in the 2010-2011 school year, the Tdap vaccine will be required for all students in grades 6 -12. Please talk with your child's healthcare provider about the Tdap vaccine. Additional resources for families to obtain information about pertussis disease include the following websites:

The Indiana State Department of Health

<http://www.in.gov/isdh/22191.htm>

The Centers for Disease Control and Prevention

<http://www.cdc.gov/vaccines/vpd-vac/pertussis/default.htm>

Sincerely,

Phyllis Lewis

plewis@doe.in.gov

317-232-9142

**School Immunization Requirement FAQs
Indiana State Department of Health (ISDH)
2010-2011 School Year**

1. Are there any additions to required immunizations for the 2010-2011 school year?

Yes. In addition to the previously required immunizations:

Students entering preschool or kindergarten must now have 2 appropriately documented varicella vaccines, separated by at least 3 months, or physician documentation of disease history, or laboratory evidence of immunity.

Students entering grades 6 – 12 must have appropriate documentation of the following vaccinations: Tetanus, diphtheria, acellular pertussis vaccine (Tdap); meningococcal conjugate vaccine (MCV4 – Menactra); 2 varicella vaccinations appropriately spaced per CDC guidelines, or documentation of disease history, or laboratory evidence of immunity.

2. Are immunizations required for all children enrolled in school?

Yes. Students in all grades are required to meet the minimum immunization requirements as described on the document “MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY 2010-2011.” Immunization requirements extend to children ages 3 through 5 attending special education programs, child care, or preschool within the school.

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. 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.

9. 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”.

10. Do schools need to report immunization data for all 6th grade immunizations?

Yes, including varicella and Hepatitis B, MCV4, and Tdap.

11. What is the deadline for reporting school immunization data?

The deadline for reporting school immunization data is November 1st.

12. Why does the Quick Reference Guide indicate immunization requirements for all grades if we only need to report kindergarten, first, and sixth grades?

While reporting is only required for kindergarten, first, and sixth grades, schools are required by law (IC 20-34-4-2) to ensure that all students have received all immunizations required by the Indiana State Department of Health.

13. 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.

14. What immunization education materials must be provided to the parents of enrolled students?

Meningococcal disease—all grades;
Human Papillomavirus (HPV) Infection—6th grade girls.

15. 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 girls. 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.

16. 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.

17. 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 change the recommended schedule for routine vaccine administration.

18. 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.

19. 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. 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).

20. 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).

21. 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.

22. Is a second dose of varicella vaccine required?

A second dose is required for students entering preschool, kindergarten, and 6th – 12th grades for 2010-2011.

23. 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.)

24. 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's assistant under a physician's supervision can also give a medical exemption.

25. 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.

26. 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.

27. Is there a philosophical objection allowed in Indiana?

No. Indiana law only allows religious and medical exemptions.

28. 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.

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