Procedure Manual
School Immunization Regulations

Effective August 1983

Amended August 1997

Amended September 2001

Amended May 2010

pennsylvania
DEPARTMENT OF HEALTH

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SCHOOL IMMUNIZATION REGULATIONS
PROCEDURE MANUAL 2011

In May 2010, the Department amended its regulations relating to school immunizations, 28 Pa. Code Chapter 23, Subchapter C. These regulations are effective on Aug. 1, 2011, and will impact the entering class(es) for school year 2011-2012. The amendments revise § 23.83 (relating to immunization requirements) to combine immunization requirements for school entry into kindergarten or first grade with immunization requirements for school attendance in all grades and to add two new immunization requirements for entry into the seventh grade.

The regulations also amend immunization requirements that children seeking to enter and attend school in this commonwealth are required to meet and are based upon recommendations of the Advisory Committee on Immunizations Practices (ACIP), an advisory committee of the Centers for Disease Control and Prevention (CDC).

The amendments: 1) require that students be immunized prior to entering school with the hepatitis B vaccine (previously required for entry into either kindergarten or first grade and entry into the seventh grade); 2) require that students entering the seventh grade be immunized with the tetanus, diphtheria and acellular pertussis (Tdap) vaccine, if at least 5 years has elapsed since their last tetanus and diphtheria immunization; and 3) be immunized with the meningococcal conjugate vaccine (MCV). The amendments also institute ACIP recommendations regarding an additional dose requirement for mumps vaccine and varicella vaccine for all grades.

Further, the amendments are intended to clarify what immunization requirements apply to children under the age of 5 years pre-kindergarten who are attending child care group settings located in a school. Children in a school district-operated prekindergarten program, early intervention program operated by a contractor or subcontractor and private academic preschool are required to obtain age-appropriate immunizations.

Finally, the amendments add a four-day grace period for vaccine administration.

The intent of the regulations is to keep children healthy, in school, and to minimize the chance of disease outbreaks which can 1) cause death; 2) seriously impair a child's learning ability; 3) cause mental and physical disability; and 4) cost millions of tax dollars for life-time care and special education.

This manual was originally written for the institution of the all grade immunization requirements that became effective August 1983. It was revised in 1997 to encompass school entry requirements for hepatitis B, a fourth dose of tetanus and diphtheria and a second dose of measles-containing vaccine. In addition, the 1997 revisions included the requirement for all grades (K-12) for two doses of measles-containing vaccine beginning in the 2000-2001 school year. Portions of the manual are from the original document and the 1997 revision. Information has been updated to include the 2010 amendments, as well as new vaccines, schedules, minimum intervals, etc. It is written to assist school health personnel to understand and enforce the regulations requiring immunizations for attendance at school in the commonwealth.
A copy of the new regulations is attached. (See Appendix A).

SUMMARY OF REGULATIONS

Relating to school immunizations (28 Pa. Code, Chapter 23, Subchapter C)

1) Children attending child care group settings located in schools are to follow the immunization requirements included in 28 Pa. Code § 27.77. These requirements are specifically geared towards children under the age of 5 years. If a child attending a child care group setting is 5 years of age or older, then the school immunization requirements would apply regardless of the child's location.

2) There is no difference between the list of immunizations required for school entry and those required for school attendance. Therefore, there is no need for two separate subsections addressing those immunization requirements.

3) Attendance at school is defined as attendance at a grade, special classes or kindergarten through 12th grade, including public, private, parochial, vocational, intermediate unit and home education students and students of cyber and charter schools.

4) Each school director, superintendent, principal or other person in charge of a public, private, parochial or nonpublic school in this commonwealth, including vocational schools, intermediate units, and special education and home education programs**,** cyber and charter schools, shall ascertain that a child has been immunized in accordance with the requirements prior to admission to school for the first time**.**

5) Children at any grade, kindergarten through 12th, including all public, private, parochial or nonpublic school in this commonwealth, including vocational schools, intermediate units, and special education and home education programs**,** cyber and charter schools, must show proof of immunization before they can attend school in this commonwealth.

6) Any student in kindergarten through 12th grade may be admitted to school provisionally if evidence of at least one dose of each required antigen for vaccines given in a series or more than one dose (i.e., measles, mumps, rubella, polio, diphtheria, tetanus, varicella, hepatitis B) is given. The parent(s) or guardian (s) plan for completion of the required immunizations shall be submitted to the school and reviewed every 60 days. All subsequent immunizations shall be entered on the Certificate of Immunization or into the computer database program. All immunization requirements shall be completed within eight months of entrance to school. If the requirements are not met, the school administrator shall undertake exclusion measures.

7) Any seventh graders or students in an ungraded class in the school year when the student is 12 years of age will need one dose of Meningococcal Conjugate Vaccine (MCV) and one dose of Tetanus/diphtheria/acellular pertussis (Tdap). If a student does not show proof of these antigens or a combination form administered, that student may be admitted provisionally, and a plan for completion of the required immunizations shall be submitted to the school and reviewed every 60 days. These immunization requirements shall be completed within eight months of entrance to the seventh grade or 12 years of age in an ungraded school. If the requirements are not met, the school administrator shall undertake exclusion measures.

8) A completed Certificate of Immunization (an official certificate furnished by the Department of Health, Appendix B) must be on file at the school that each student attends. The Certificate of Immunization shall become the school immunization record or the record of exemption. This Certificate may be recorded and maintained in a computer data base program.

9) The Certificate of Immunization or a facsimile must be sent to the new school when a child is promoted or is transferred. The record or facsimile may also be given to the parent or guardian when the student transfers to another school, graduates or otherwise leaves the school district.

10) Annual reporting of student immunization status must be provided to the Division of Immunizations, Department of Health, by October 15 of each year.

11) The following immunizations are required as a condition of attendance in all grades, including public, private, parochial, non-public, including vocational, intermediate units special education and home education students and students of cyber and charter schools in this commonwealth:

(a) *Diphtheria.* Four or more properly-spaced doses of diphtheria toxoid, which may be administered as a single antigen vaccine or in a combination form. <u>The fourth dose shall be administered on or after the 4th birthday.</u>

(b) *Tetanus*. Four or more properly-spaced doses of tetanus toxoid, which may be administered as a single antigen vaccine or in a combination form. <u>The fourth dose shall be administered on or after the 4th birthday.</u>

(c) *Poliomyelitis.* Three or more properly-spaced doses of either oral polio vaccine or enhanced inactivated polio vaccine which may be administered as a single antigen vaccine or in a combination form. <u>(Students 18 years of age and older are exempted.)</u>

(d) *Measles (rubeola)*. Two properly-spaced doses of live attenuated measles vaccine, the first dose administered at 12 months of age or older, or a history of measles immunity proved by laboratory testing by a laboratory with the appropriate certification. Each dose of measles vaccine may be administered as a single antigen vaccine or in a combination form.

(e) *Mumps*. Two properly-spaced doses of live attenuated mumps vaccine, administered at 12 months of age or older or a physician diagnosis of mumps disease indicated by a written record signed by the physician or the physician's designee. Each dose of mumps vaccine may be administered as a single antigen vaccine or in a combination form.

(f) *German measles (rubella)*. One dose of live attenuated rubella vaccine, administered at 12 months of age or older or a history of rubella immunity proved

by laboratory testing by a laboratory with the appropriate certification. Rubella vaccine may be administered as a single antigen vaccine or in a combination form.

(g) *Hepatitis B.* Three properly-spaced doses of hepatitis B vaccine, unless a child receives a vaccine as approved by the Food and Drug Administration for a two-dose regimen, or a history of hepatitis B immunity proved by laboratory testing. Hepatitis B vaccine may be administered as a single antigen vaccine or in a combination form.

(h) *Chickenpox (varicella).* Two properly-spaced doses varicella vaccine, the first dose administered at 12 months of age or older OR evidence of immunity by either laboratory confirmation or written statement of a history from a parent, guardian or physician. Varicella vaccine may be administered as a single antigen vaccine or in a combination form.

12) In addition to the immunizations listed in number 11 above, the following immunizations are required at any public, private, parochial, non-public, including vocational, intermediate units, special education and home education students and students of cyber and charter schools in this commonwealth for students entering the seventh grade; or, in an ungraded class for students in the school year when the student is 12 years of age:

    (a) *Tetanus and diphtheria toxoid and acellular pertussis vaccine (Tdap)*. One dose if at least five years have elapsed since the last dose of a vaccine containing tetanus and diphtheria. Tdap may be administered as a single antigen vaccine or in a combination form.

    (b) *Meningococcal Conjugate Vaccine (MCV).* One dose of Meningococcal Conjugate Vaccine (MCV), which may be administered as a single antigen vaccine or in a combination form.

13) Attendance at a child care group setting located in a public, private or vocational school or in an intermediate unit is conditional upon the child's satisfaction of the immunization requirements in 28 Pa. Code § 27.77 (relating to immunization requirements for children in child care group settings).

14) Attendance at a pre-kindergarten program operated by a school district, an early intervention program operated by a contractor or subcontractor (including intermediate units, school districts and private vendors) or at private academic pre-schools is conditional upon the child's satisfaction of the immunization requirements in 28 Pa. Code § 27.77 (relating to immunization requirements for children in child care group settings).

15) A vaccine dose administered within the four-day period prior to the minimum age for the vaccination or prior to the end of the minimum interval between doses shall be considered to be a valid dose of the vaccine for purposes of this chapter. A dose administered greater than four days prior to immunization age or interval for a dose is invalid for purposes of this regulation and shall be repeated.

NOTE: The grace period may not be used with the 28-day minimum interval between two live vaccines.

CERTIFICATE OF IMMUNIZATION

(See example in Appendix B)

The Certificate of Immunization record card will be supplied by the Department of Health to each school district. The front side should be used to record immunization information. The reverse side of the Certificate of Immunization card will serve as the written exemption. If a parent is claiming an exemption, only that side of the card needs to be filled out. The exemption card should be filed so that the exemption statement is facing front. The wide line at the top of the exemption side of the card will make identification of the students claiming medical, religious or philosophical/strong moral or ethical conviction exemptions easy in the event of a disease outbreak requiring exclusion of students from schools and for tabulating the yearly reports. The minimum required immunizations are shaded on the Certificate. The Certificate of Immunization record card should be filed separately from the student's official record folder. A file box would be a suitable container for the record. The records will then be readily available for auditing or for checking for exemptions in the event of a disease outbreak. In addition, when immunization records are reviewed or audited, the remainder of the student record is kept confidential. It will make tabulation easier and faster for reporting purposes if the records are kept separate.

The information may be recorded and maintained in a computer data base. The data base system must allow for access by Department of Health personnel for auditing while maintaining confidentiality of the remainder of the student's record. It also should allow for easy access for checking exemptions in the event of a disease outbreak and for tabulation and reporting purposes.

DOCUMENTATION OF IMMUNIZATION REQUIREMENTS OR EXEMPTIONS

The month, day and year of measles, mumps, rubella and varicella immunization must be provided to document that the vaccines were administered on or after 12 months of age and that proper spacing was adhered to between live measles and live varicella vaccine administrations. The month and/or year is acceptable, if it was clearly administered at 12 months of age or older--i.e., date of birth 6/21/94, immunization date 1996 or July 1995. (A measles immunization given to this same child recorded as date of birth, 6/94 or just immunization date, 1995 is not acceptable.)

Only licensed health care professionals (physicians, nurse practitioners and physician assistants), and designated Health Department personnel (for children that do not have a medical doctor) can sign for medical exemptions. Chiropractors' certifications for medical exemptions are not acceptable. A medical exemption for a specific antigen(s) should be documented in the statement of exemption. All other immunizations are still required.

If a physician provides written documentation that the child is adequately immunized when there are inappropriate intervals between doses or a dose is given too early for the age (or any other spacing issues), the instance should be considered a medical exemption. In the event of a disease outbreak, the Division of Immunizations (DOI) will recommend exclusion of the student or may make other recommendations based on the disease outbreak and the immunity history.

If a blood test result is furnished in lieu of vaccination, the type of test and the titer should be recorded and the physician verified.

For hepatitis B, hepatitis B surface antibody (anti-HBs) positive indicates immunity.

The birth date is required on the Certificate of Immunization to verify that immunizations were given at the appropriate age.

Statements of religious or philosophical/strong moral or ethical conviction opposing immunization must be submitted in writing and signed by the parent, guardian or emancipated child. A space on the Certificate of Immunization is provided for this purpose. This exemption does not need to be renewed yearly. School officials must use their discretion in accepting the statements of exemption. The reason(s) for exemption must be reasonable, as judged by the school official. In difficult cases, State Health Department representatives are available to consult with school personnel as to the intent of the exemption regulations, but the final decision is up to the school official. School officials should consult with their own legal council prior to a final decision regarding a questionable exemption.

The grade or class of the student should be indicated on the Certificate by circling the present grade. The following year, the subsequent grade would be circled.

TECHNICAL INFORMATION

POLIO VACCINE

Requirement - Three or more properly-spaced doses of oral polio vaccine (OPV) or enhanced inactivated polio vaccine (IPV). (Students 18 years of age and older are exempted.)

Inactivated polio vaccine and oral polio vaccine are both effective in preventing poliomyelitis. Until January 1997, oral polio vaccine (OPV) was the vaccine of choice for primary immunization of children in the United States. From 1997-1999, a sequential schedule of two doses of IPV and two OPV was recommended.

Any combination of OPV and IPV given at appropriate ages and intervals are acceptable doses.

DIPHTHERIA AND TETANUS VACCINE

Requirement - Four or more properly-spaced doses, with one dose administered on or after the fourth birthday. These vaccines may be administered as single antigen or in combination (DTP, DTaP, DT, Tdap or Td).

MEASLES VACCINE

Requirement - Two properly-spaced doses of live attenuated measles-containing vaccine, the first administered on or after 12 months of age and the second separated by at least one month from the first; or a history of measles immunity proved by laboratory testing by a laboratory with the appropriate certification. The Department of Health recommends both doses of measles-containing vaccine be administered as MMRII.

Measles vaccine is indicated for persons susceptible to measles regardless of age. Susceptible persons include those who received inactivated vaccine or those who were given live measles virus vaccine before their first birthday, as well as those who were never vaccinated nor have any serological evidence of measles immunity. A history of measles disease is not acceptable proof of immunity, unless supported by a positive serological test.

Persons vaccinated with live measles vaccine before their first birthday should be identified and revaccinated. There is no evidence of enhanced risk from receiving live measles vaccine in persons who have previously received live measles vaccine or had measles disease.

Two live parenteral vaccines can be given at the same visit. If a situation presents itself in which they cannot be given at the same visit, they should be separated by at least 28 days.

MUMPS VACCINE

Requirement - Two properly-spaced doses of live attenuated mumps-containing vaccine, the first administered on or after 12 months of age and the second separated by at least one month from the first; or a written physician diagnosis, signed by a physician or his/her designee.

All susceptible students, regardless of age, should be vaccinated against mumps, unless vaccination is contraindicated. The Department of Health recommends that the mumps-containing vaccine be administered as MMRII.

Reliable tests for mumps immunity are not readily available and, therefore, serological evidence of immunity is not acceptable under the regulation. Parental disease history is not acceptable.

RUBELLA VACCINE

Requirement - One dose of live attenuated rubella-containing vaccine administered at 12 months of age or older or a history of rubella immunity proved by laboratory testing by a laboratory with the appropriate certification.

Live attenuated rubella vaccine is recommended for all individuals who are considered susceptible. Because a history of rubella illness is not a reliable indicator of immunity, all individuals should be vaccinated unless, there are contraindications. The Department of Health recommends that the rubella-containing vaccine be administered as MMRII.

HEPATITIS B VACCINE

Requirement -Three properly-spaced doses or serological proof of immunity. The series can be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. The final dose should be administered no earlier than age 24 weeks.

For those students immunized with the approved two-dose regimen of hepatitis B vaccine:

In February 2000, ACIP approved a two-dose hepatitis B vaccine regimen for adolescents 11 through 15 years of age. This regimen requires that the appropriate interval, vaccine and dosage are used. The record should show the dates of the two doses of hepatitis B vaccine, and the third dose line should read "both two-dose formulation" accompanied by a signature for the person recording the doses.

Two recorded doses and this above notation will meet the school requirements.

VARICELLA VACCINE/IMMUNITY

Requirement – One of the following:

1) Two properly-spaced doses of varicella vaccine
2) A history of chickenpox immunity proved by laboratory testing or a written statement of history of chickenpox disease from the parent, guardian, emancipated child or physician. Any child less than 12 months of age with disease according to the history of a parent only receives one dose of vaccine. If a child less than 12 months of age has disease confirmed by a clinician or lab and the parent has documentation of this, the the child does not need vaccination.

TETANUS/DIPHTHERIA/ACELLULAR PERTUSSIS VACCINE

Requirement – One dose, if at least five years have elapsed since the last dose of a vaccine containing tetanus and diphtheria.

MENINGOCOCCAL CONJUGATE VACCINE

Requirement – One dose of Meningococcal Conjugate Vaccine.

GENERAL VACCINE INFORMATION

These are listed for convenience of presentation, not in order of importance.

1. Multiple vaccines can and should be given at the same time, if indicated. All vaccines required for school attendance may be administered simultaneously.

2. Interruption of the recommended schedule or delaying subsequent doses of any vaccine does not diminish the effectiveness of the vaccine. There is no need to restart a series, regardless of the time elapsed between doses. Doses administered at less than the recommended minimal intervals or at less than the standard dose may decrease the antibody response to the vaccine and should not be counted as a valid dose. The child should be revaccinated, as necessary.

3. Two live parenteral vaccines (MMR and Varicella) or Live Attenuated Influenza Vaccine (LAIV) can be given at the same visit. If a situation presents itself in which they cannot be given at the same visit, they should be separated by at least 28 days.

4. Single administration of measles, mumps or rubella vaccines does not confer a higher level of seroconversion whether given at different times or given at the same time. The vaccine of choice for fulfilling the two-dose measles and mumps vaccine requirement is MMRII.

5. Several vaccines are given as combination vaccines. See Appendix E for a list of combination vaccines.

6. Allergies to penicillin are not a contraindication to the administration of any childhood vaccine.

7. Any modification of the minimum recommended interval between doses of antigen(s) shall be documented in writing by the child's primary care physician and accompanied by written parental agreement.

8. If a student age 7 years and older started the Td series late and received three doses, the student is considered up-to-date. The student would not have four doses of Td, as required for school attendance, and would only be eligible for Tdap if five years elapsed since the last Td. Such students are considered to be up-to-date with no further documentation required.

Revaccination

There is no evidence of enhanced risk to a person being vaccinated who has previously received that vaccine or had the disease. If there is uncertainty about a previous vaccination, it is appropriate to re-immunize.

Examples of the need for revaccination include children who received measles, mumps, rubella

or varicella vaccines prior to 12 months of age or who received less than minimal intervals between doses of series vaccines. The repeat dose should generally be spaced after the invalid dose by an interval at least equal to the recommended minimum interval, as indicated by the ACIP. These issues are most often subject for discussion with parents and physicians. Firm explanations must be given that immunizations at the appropriate age, minimal intervals, routes, sites and dosages are based on the manufacturers of vaccine products, which are licensed by the Food and Drug Administration, and that they are given according to the recommendations of the Centers for Disease Control and Prevention and the Department of Health.

The Advisory Committee on Immunization Practices of the CDC has clearly stated that MMR and varicella immunizations should be given no sooner than 12 months of age. In addition, the manufacturers of measles mumps, rubella and varicella vaccine(s) also state on the product inserts, "This product is to be used on children 12 months of age and older."

You may find that physicians and/or parents of children immunized at less than minimum intervals may state that this time deficiency "doesn't make any difference." Although we can't authoritatively say that these small time deficiencies make a difference in seroconversion, these children should not be treated differently than other immunization-deficient children. Public health law and regulation is made to benefit the majority of the population affected by that law or regulation, and exceptions cannot be granted. You should remember that revaccination with measles, mumps or rubella of a child vaccinated before his first birthday will significantly increase his or her chances of seroconversion.

Live Vaccines and Pregnancy

Live virus vaccines should not be given to females known to be pregnant. This precaution is based on the theoretical risk of fetal infection in females who might be pregnant or who might become pregnant shortly after vaccination. However, no evidence exists to substantiate this theoretical risk from live virus vaccines. Considering the importance of protecting adolescents and young adults exposed to measles, mumps and rubella, asking females if they are pregnant, excluding those who are and explaining the theoretical risks to the others are the recommended precautions in an immunization program.

Pregnancy or possible pregnancy would be cause for a temporary medical exemption for fulfilling the seventh grade immunization requirements of Tdap and MCV.

PROVISIONAL ENROLLMENT

If a student's provisional enrollment ends or continues after the school's academic year, his/her Certificate of Immunization should remain flagged and checked again as the student returns to school after summer vacation. If the student's provisional enrollment period has expired, he/she should not be allowed to attend school without proof of completion of all required immunizations. If a student's provisional enrollment period is still valid (less than eight months from date of enrollment), his/her record should be reviewed every 60 days until all required immunizations are received or until the provisional enrollment period has expired. If the requirements are not met, the school administrator may not admit the child to school or permit continued attendance after that 8 month provisional period.

If a student transfers from one Pennsylvania school to another during his/her provisional enrollment, their eight-month period runs consecutively until expiration. A student is not allowed another eight-month provisional enrollment from time of entry into a second school.

REPORTING

By October 15 of each year, a School Immunization Law Report must be submitted to the Pennsylvania Department of Health, Division of Immunizations, 625 Forster St., Health & Welfare Building, Room 1026, Harrisburg, Pennsylvania 17120. The reporting forms will be mailed to each school before the reporting period.

A copy of the School Immunization Law Report card and Instructions for Completion are included in Appendix C.

ASSISTANCE

Assistance with interpretation of and compliance with the school regulations for immunizations may be sought from the Immunization Coordinators or School Health Consultants in the Department of Health Districts or the Immunization Coordinator in the County/Municipal Health Department. Contact information for these regional areas is found in Appendix D.

Assistance in deciphering the numerous brand names and abbreviations can be found in Appendix E.

FILING SYSTEM(S) FOR THE CERTIFICATES OF IMMUNIZATION

MANUAL

Following is the suggested manual filing system for the Certificates of Immunization. Using this system will make the October 15 report easier to fill out within a minimum amount of time.

The Certificates of Immunization should be filed alphabetically by grade, and there should be a Certificate on file for every student enrolled.

Certificates for students claiming a medical, religious or philosophical/strong moral or ethical conviction exemption should be filed with the "Statement of Exemption to Immunization Law" facing forward (wide line at top of certificate). This makes identification easier in the event of an outbreak and tabulating for the report.

Students enrolled provisionally, until they complete immunizations, should be listed on a "List of Students Provisionally Enrolled with Incomplete Immunization," and their Certificate of Immunization should be flagged so they can be easily identified and updated. Their date of enrollment should be written in pencil at the top of the Certificate to identify when their eight-month provisional enrollment will expire. If a student transfers to another school in Pennsylvania during his/her provisional enrollment, their eight-month period runs consecutively until expiration. Students are not provided another eight-month provisional enrollment from time of entry into a second school. When all immunizations are complete the flag should be removed.

Each year, as the students move up a grade, the appropriate grade can be circled on the Certificate and refiled in the proper grade.

Example:

Ⓚ ① ② ③ 4 5 6 7 8 9 10 11 12 Other

The next year "4" would be circled ④.

COMPUTER BASED

Records of immunization may be recorded and maintained on a computer data base, providing the information in the data base program is comparable to that on the Certificate of Immunization provided by the Department of Health. These records must be readily accessible for audit by the Department of Health. Written medical, religious or philosophical/strong moral or ethical conviction exemptions need to be maintained on hard copy file, unless the computer system allows for maintenance of valid electronic signatures or other incorporation of these records. The computer system should allow for easy access to student records.

APPENDIX A

ANNEX A

TITLE 28. HEALTH AND SAFETY.

PART III. PREVENTION OF DISEASES

CHAPTER 23. SCHOOL HEALTH

Subchapter C. IMMUNIZATION

§23.81. Purpose and scope.

This subchapter has been promulgated to insure that school children are immunized against diseases which spread easily in schools and interrupt school life and learning for individuals and groups. This subchapter affects public, private and parochial schools including kindergartens, special education classes, home education programs and vocational classes in this Commonwealth.

§23.82. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

Ascertain --To determine whether or not a child is immunized as defined in this subchapter.

Attendance at school -- The attendance at a grade, or special classes, kindergarten through 12th grade, including public, private, parochial, vocational, intermediate unit and home education students and students of cyber and charter schools.

Certificate of Immunization -- The official form furnished by the Department. This certificate is filled out by ~e parent or health care provider and signed by the health care provider, public health official or school nurse or a designee. The certificate is given to the school as proof of immunization. The school maintains the certificate as the official school immunization record or stores the details of the record in a computer data base.

Department -- The Department of Health of the Commonwealth.

Immunization -- The requisite number of dosages of the specific antigens at the recommended time intervals under this subchapter.

Record of immunization -- A written document showing the date of immunization --that is, baby book, Health Passport, family Bible, other states' official immunization documents, International Health Certificate, immigration records, physician record, school health records and other similar documents or history.

Secretary --The Secretary of the Department.

§23.83. Immunization requirements.

a) Duties of a school director, superintendent, principal, or other person in charge of a public , private, parochial or nonpublic school. Each school director, superintendent, principal, or other person in charge of a public, private, parochial or nonpublic school in this commonwealth, including vocational schools, intermediate units and special education and home education programs, cyber and chapter schools shall ascertain that a child has been immunized in accordance with the requirements in subsections (b), (c), and (e) prior to ad mission to school for the first time.

b) Required for attendance. The following immunizations are required as a condition of attendance at school in this Commonwealth.

(1) *Hepatitis B.* Three properly-spaced doses of hepatitis B vaccine administered as a single antigen vaccine or combination form, unless a child receives a vaccine approved by the Food and Drug Administration for a two-dose regimen, or a history of hepatitis B immunity proved by laboratory testing.

(2) *Diphtheria.* Four or more properly-spaced doses of diphtheria toxoid, which may be administered as a single antigen vaccine or combination form. The fourth dose shall be administered on or after the 4th birthday.

(3) *Tetanus.* Four or more properly-spaced doses of tetanus toxoid, which may be administered as a single antigen vaccine or combination form. The fourth dose shall be administered on or after the 4th birthday.

(4) *Poliomyelitis.* Three or more properly-spaced doses of either oral polio vaccine or enhanced activated polio vaccine, which may be administered as a single antigen vaccine or in a combination form. If a child received any doses of inactivated polio vaccine administered prior to 1988, a fourth dose of inactivated polio vaccine is required.

(5) *Measles (rubeola).* Two properly-spaced doses of live attenuated measles vaccine, the first dose administered at 12 months of age or older, or a history of measles immunity proved by laboratory testing by a laboratory with the appropriate certification. Each dose of measles vaccine may be administered as a single antigen vaccine or in a combination form.

(6) *German measles (rubella).* One dose of live attenuated rubella vaccine, administered at 12 months of age or older or a history of rubella immunity proved by laboratory testing by a laboratory with the appropriate certification. Rubella vaccine may be administered as a single antigen vaccine or in a combination form.

(7) *Mumps.* Two properly-spaced doses of live attenuated mumps vaccine, administered at 12 months of age or older or a physician diagnosis of mumps disease indicated by a written record signed by the physician or the physician's designee. Mumps vaccine may be administered as a single antigen vaccine or in a combination form.

(8) *Chickenpox (varicella).* One of the following:

(i) Two properly-spaced doses of varicella vaccine, the first dose administered at 12 months of age or older. Varicella vaccine may be administered as a single antigen vaccine or in a combination form.

(ii) History of chickenpox immunity proved by laboratory evidence of immunity or laboratory confirmation of disease or a written statement of a history of chickenpox disease from a parent, guardian or physician.

(c) *Required for entry into 7th grade.* In addition to the immunizations listed above the following immunizations are required at any public, private, parochial or nonpublic school in this Commonwealth, including vocational schools, intermediate units and, special education and home education programs, and cyber and charter schools as a condition of entry for students entering the 7th grade; or, in an un-graded class, for students in the school year that the student is 12 years of age:

(1)Tetanus and diphtheria toxoid and acellular pertussis vaccine (Tdap). One dose if at least five years have elapsed since the last dose of a vaccine containing tetanus and diphtheria as required in subsection (b). Tdap may be administered as a single antigen vaccine or in a combination form.

(2) *Meningococcal Conjugate Vaccine (MCV).* One dose of Meningococcal Conjugate Vaccine. MCV may be administered as a single antigen vaccine or in a combination form.

(d) *Child care group setting.* Attendance at a child care group setting located in a public, private, or vocational school, or in an intermediate unit is conditional upon the child's satisfaction of the immunization requirements in 28 Pa. Code §27.77 (relating to immunization requirements for children in child care group settings).

(e) Pre-kindergarten programs, Early Intervention programs' Early Childhood Special Education Classrooms and private academic pre-schools. Attendance at a pre-kindergarten program operated by a school district, an early intervention program operated by a contractor or subcontractor including intermediate units, school districts and private vendors, or at private academic pre-schools is conditional upon the child's satisfaction of the immunization requirements in 28 Pa. Code §27.77 (relating to immunization requirements for children in child care group settings).

(f) Grace period. A vaccine dose administered within the 4-day period prior to the

minimum age for the vaccination or prior to the end of the minimum interval between doses shall be considered to be a valid dose of the vaccine for purposes of this chapter. A dose administered greater than 4 days prior to minimum age or interval for a dose is invalid for purposes of this regulation and shall be repeated.

§23.84. Exemption from immunization.

(a) *Medical exemption.* Children need not be immunized if a physician or the physician's designee provides a written statement that immunization may be detrimental to the health of the child. When the physician determines that immunization is no longer detrimental to the health of the child, the child shall be immunized according to this subchapter.

(b) *Religious, exemption.* Children need not be immunized if the parent, guardian or emancipated child objects in writing to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief.

§23.85. Responsibilities of schools and school administrators.

(a) Each school director, superintendent, principal, or other person in charge of a public, private, parochial or nonpublic school in this Commonwealth, including vocational schools, intermediate units, and special education and home education programs**,** cyber and charter schools, shall ascertain that a child has been immunized in accordance with the requirements prior to admission to school for the first time**.**

The administrator in charge of every school shall appoint a knowledgeable person to perform the following:

(1) Inform the parent, guardian or emancipated child at registration or prior to registration, if possible, of the requirements of this subchapter.

(2) Ascertain the immunization status of a child prior to admission to school or continued attendance at school

(i) The parent, guardian or emancipated child shall be asked for a completed certificate of immunization.

(ii) In the absence of a certificate of immunization, the parent, guardian or emancipated child shall be asked for a record or history of immunization which indicates the month, day and year that immunizations were given. This information shall be recorded on the certificate of immunization and signed by the school official or the official's designee, or the details of the record shall be stored in a computer database.

(b) If the knowledgeable person designated by the school administrator is unable to ascertain whether a child has received the immunizations required by §23.83 (relating to immunization requirements) or by subsection (e) or is exempt under §23.84

(relating to exemption from immunization), the school administrator may admit the child to school or allow the child's continued -attendance at school only according to the requirements of subsections (d) and (e).

(c) The parent or guardian of a child or the emancipated child who has not received the immunizations required by §23.83 shall be informed of the specific immunizations required and advised to go to the child's usual source of care or nearest public clinic to obtain the required immunizations.

(d) A child not previously admitted to or not allowed to continue attendance at school because the child has not had the required immunizations shall be admitted to or permitted to continue attendance at school only upon presentation to the school administrator or school administrator's designee of a completed certificate of immunization or immunization record, upon submission of information sufficient for an exemption under §23.84, or upon compliance with subsection (e).

(e) If a child has not received all the antigens for a multiple dose vaccine series described in §23.83, the child may be provisionally admitted to school only if evidence of the administration of at least one dose of each antigen described in §23.83 for multiple dose vaccine series is given to the school administrator or the administrator's designee and the parent or guardian's plan for completion of the required immunizations is made part of the child's health record.

(f) If a child has not received a vaccine for which only a single dose is required, the child may be provisionally admitted to school if the parent or guardian's plan for obtaining the required immunization is made a part of the child's health record.

(g) The plan for completion of the required immunizations shall be reviewed every 60 days by the school administrator or the administrator's designee. Subsequent immunizations shall be entered on the certificate of immunization or entered in the school's computer database. Immunization requirements described in §23.83 shall be completed within 8 months of the date of provisional admission to school. If the requirements are not met, the school administrator may not admit the child to school nor permit continued attendance after that 8 month provisional period.

(h) A school shall maintain on file a certificate of immunization for a child enrolled. An alternative to maintaining a certificate on file is to transfer the immunization information from the certificate to a computer database. The certificate of immunization or a facsimile thereof generated by computer shall be returned to the parent, guardian or emancipated child or the school shall transfer the certificate of immunization (or facsimile) with the child's record to the new school when a child withdraws, transfers, is promoted, graduates or otherwise leaves the school.

§23.86. School reporting.

(a) A public, private, parochial or nonpublic school in this Commonwealth, including vocational schools, intermediate units, special education and home education programs and cyber and charter schools, shall report immunization data to the Department by October 15 of each year, using forms provided by the Department.

(b) The school administrator or the administrator's designee shall forward the reports to the Department as indicated on the reporting form provided by the Department.

(c) Duplicate reports shall be submitted to the county health department if the school is situated in a county with a full-time health department.

(d) The school administrator or the administrator’s designee shall ensure that the school’s identification information, including the name of the school, school district, county and school address, is correct, and shall make any necessary corrections, prior to submitting the report.

(e) Content of the reports shall include the following information:

(1) The month, day, and year of report.

(2) The number of students attending school in each grade-level or in an un-graded school in each age group, as indicated on the reporting form.

(3) The number of doses of each individual antigen given in each grade-level, or in an un-graded school, in each age group, as indicated on the reporting form.

(4) The number of students attending school who were classed as medical exemptions in each grade-level, or in an un-graded school, in each age group, as indicated on the reporting form.

(5) The number of students attending school who were classed as religious exemptions in each grade level, or in an un-graded school, in each age group, as indicated on the reporting form.

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(6) The number of students provisionally admitted in each grade level or, in an un-Graded school, in any age group as indicted on the reporting form.

(7) The number of students in each grade level who were denied admission because of the student’s inability to qualify for provisional admission or, in an un-graded school, in each age group as indicated on the reporting form.

(8) Other information as required by the Department.

§23.87. Responsibilities of the Department.

(a) The Department will provide the certificates of immunization to schools.

(b) The Department will monitor school districts for compliance with this subchapter and shall have access to school immunization records whether the records are maintained as certificates or whether the records are contained in a school's computer database.

Questions concerning this subchapter should be addressed to:
Pennsylvania Department of Health
Division of Immunizations
Health and Welfare Bldg., Room 1026
625 Forster St.
Harrisburg, PA 17120-0701
(717) 787-5681

APPENDIX B

CERTIFICATE OF IMMUNIZATION

Name _____ Birthdate _____

Address _____ Parent or Guardian _____

_____ Telephone _____

Race/Ethnicity: ☐ White ☐ Black ☐ Asian or Pacific Islander ☐ American Indian or Alaskan Native

Hispanic Origin: ☐ Yes ☐ No

Please circle present grade K 1 2 3 4 5 6 7 8 9 10 11 12 Other _____

PENNSYLVANIA DEPARTMENT OF HEALTH – CERTIFICATE OF IMMUNIZATION

VACCINE Circle appropriate item	Enter month, day, and year each immunization was given DOSES				
Diphtheria and Tetanus (DTaP, DTP, Td or DT)	1 / /	2 / /	3 / /	4 / /	5 / /
Tetanus, Diphtheria and Acellular Pertussis (Tdap)	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (OPV or IPV)	1 / /	2 / /	3 / /	4 / /	5 / /
Hepatitis B	1 / /	2 / /	3 / /	4 / /	5 / /
Measles - Mumps - Rubella (MMR)	1 / /	2 / /	or Measles Serology Date	Titler	
Varicella (Vaccine or Disease)	1 / /	2 / /	Rubella Serology Date	Titler	
Meningococcal (MCV)	1 / /	2 / /			
Other	1 / /	2 / /	Mumps disease diagnosed by a physician: Date		

Age appropriate dose of MCV and Tdap are required for entry into 7th grade.

H502.320 Rev. 7/13

Name _____ Birthdate _____

Address _____ Parent or Guardian _____

_____ Telephone _____

Please circle present grade K 1 2 3 4 5 6 7 8 9 10 11 12 Other _____

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

MEDICAL EXEMPTION

The physical condition of the above-named child is such that immunization would endanger life or health.

Signed _____ Date _____
(PHYSICIAN)

RELIGIOUS EXEMPTION

State your reason for requesting this exemption.

_____

PHILOSOPHICAL/STRONG MORAL OR ETHICAL CONVICTION EXEMPTION

State your reason for requesting this exemption.

_____

Signed _____
(PARENT OR GUARDIAN) (Date)

RECORD NUMBER OF STUDENTS BY GRADE LEVEL IN THE APPROPRIATE CATEGORY:

COMMONWEALTH OF PENNSYLVANIA
SCHOOL IMMUNIZATION LAW REPORT

DUE: OCTOBER 15

Grade Section	DT 4 doses or more	Polio 3 doses or more	MMR 2 doses or more	HepB 3 doses or more	Varicella Had disease	Varicella 2 doses	Tdap 1 dose	Td 1dose	MCV 1 dose	A # of Students Enrolled	B # of Students Medical Exempt	C # of Students Religious Exempt	D # of Students Philosophical/ Strong Moral or Ethical Conviction Exempt	E # of Students Enrolled Provisionally	F # of Students Denied Admission or Attendance
Kindergarten															
7th Grade															

*There is more information regarding the completion of this report under the Help Link on the Main Menu

ATTENTION SCHOOL NURSE **AUN#**

***Please make any address corrections in the above block and return form.

TO EXCLUDE YOUR SCHOOL....
If your school should be excluded, check one of the boxes below. All excluded schools need to *mail* the form to the Department of Health at address listed below.

Exclusion reasons:
- ☐ School is closed
- ☐ No K and/or 7th grades
- ☐ Enrolled at home school district
- ☐ Preschool/daycare

Report Prepared by:
Name: _____
Job Title: _____
Telephone Number: _____
Date: _____

Mail to:
Pennsylvania Department of Health
Division of Immunizations
Health and Welfare Bldg., Room 1026
625 Forster Street
Harrisburg, PA 17120-0701

PRINTED ABOVE IS THE 2013-14 SCHOOL IMMUNIZATION LAW REPORT
DUE: October 15, 2013

Please enter your school information **online**. See the instructions below for online registration.
If you **do not have access to a computer**, follow the instructions with "Step -by-Step General Instructions" for entering your school report. Shaded areas do not require a response; however, a numerical value must be entered into each un-shaded block. Complete your report form and mail to the PA Department of Health at the address above.

Online Registration:
- Enter the web-based system www.health.state.pa.us/sira.
- Click **REGISTER** link on menu at left side of screen.
- Enter school's 9 digit Administrative Unit Number (AUN#) and 4 digit School/Branch number (found above your school's address on the report that was sent to school). Do not combine two schools together onto one report.
- Click on the **ADD** button to add school to the selected schools list, (if you have more than one school, type in those AUN#'s as well and click **ADD** until you get all your schools listed).
- Complete all fields under user registration.
- User names and passwords cannot be longer than 10 characters each. Keep user name and password for future use.
- Click **REGISTER** button; click **OK** when registration is complete.

If already registered:
- Click on **LOGIN** link. Enter user name and password from previous year **(DO NOT re-register).** If you forgot your user name and/or password please call the Division of Immunizations and we can provide that information.
- Click **SUBMIT**. Follow steps to **ADD REPORT.**

Step-By-Step General Instructions:
- Each school is given a 9 digit Administrative Unit Number (AUN#) and a 4 digit School/Branch number. Each school requires a separate report. Do not combine two schools together onto one report.
- Complete top section of the form. Enter number of students in each grade who were vaccinated with the number of doses specified on the form. We are ONLY interested in data from kindergarten and 7th grade. If you do not have students in kindergarten and 7th grade or if your facility is closed, check the appropriate box above and return to the Department of Health.
- Complete for all immunizations listed for kindergarten and /or 7th grades. If the student does not have the number of doses specified for a specific antigen they will then be listed as "provisional," but all other completed doses must be indicated.
- Enter the total number of students enrolled in each listed grade section *(Column A)*; number of students who are medical exempt *(Column B)*; religious exempt *(Column C)*; philosophical/strong moral or ethical conviction exempt *(Column D)*; enrolled on a provisional basis until they complete required immunizations *(Column E)*; and total number of students denied admission/attendance *(Column F)*.
- Complete name, job title, telephone number and date of completion. Submit to the Department of Health, Division of Immunizations online or by mail. Return this form, if you are to be excluded, to the address listed above. Please contact the Division of Immunizations at (717) 787-5681 if there are any questions.

APPENDIX D

Pennsylvania Department of Health
and
County - Municipal Health Departments Immunization Contacts

NORTHEASTERN DISTRICT	COUNTIES	
Immunization Coordinators 665 Carey Ave., Suite 5 Wilkes-Barre, PA 18706-5485 Phone: (570) 826-2062 Fax: (570) 826-2238	Carbon Lackawanna Lehigh Luzerne Monroe	Northampton Pike Susquehanna Wayne Wyoming
SOUTHEASTERN DISTRICT	**COUNTIES**	
Immunization Coordinators Reading State Office Building 625 Cherry St. Room 442 Reading, PA 19602-1187 Phone: (610) 378-4352 Fax: (610) 378-4527	Berks Bucks Chester Delaware	Lancaster Montgomery Schuylkill
NORTHCENTRAL DISTRICT	**COUNTIES**	
Immunization Coordinators Water Tower Square 1000 Commerce Park Drive, Suite 109 Williamsport, PA 17701-5996 Phone: (570) 327-3400 Fax: (570) 327-3748	Bradford Centre Clinton Columbia Lycoming Montour	Northumberland Potter Snyder Sullivan Tioga Union
SOUTHCENTRAL DISTRICT	**COUNTIES**	
Immunization Coordinators 30 Kline Plaza Harrisburg, PA 17104 Phone: (717) 787-8092 Fax: (717) 787-3151	Adams Bedford Blair Cumberland Dauphin Franklin Fulton	Huntingdon Juniata Lebanon Mifflin Perry York
NORTHWESTERN DISTRICT	**COUNTIES**	
Immunization Coordinators 19 McQuiston Drive Jackson Center, PA 16133 Phone: (724) 662-6068 Fax: (724) 662-6086	Cameron Clarion Clearfield Crawford Elk Erie Forest	Jefferson Lawrence McKean Mercer Venango Warren

SOUTHWESTERN DISTRICT	COUNTIES	
Immunization Coordinators 233 West Otterman St. Greensburg, PA 15601-2305 Phone: (724) 830-2701 Fax: (724) 832-5327	Allegheny Armstrong Beaver Butler Cambria Fayette	Greene Indiana Somerset Washington Westmoreland

County Municipal Health Departments

Allentown Bureau of Health
(610) 437-7760

Bethlehem Bureau of Health
(610) 865-7087/7083

Wilkes-Barre Health Department
(570) 208-4268

Chester County Health Department
(610) 344-6225

Philadelphia Department of Health
(215) 685-6740

Erie County Health Department
(814) 451-6700

Allegheny County Health Department
(412) 687-2243

Bucks County Health Department
(215) 345-3318

Montgomery County Heath Department
(610) 278-5117

York City Bureau of Health
(717) 849-2252

APPENDIX E

Vaccine Identification

VACCINE	DIFFERENT BRANDS and ABBREVIATIONS
Diphtheria, Tetanus, Acellular Pertussis	**Daptacel** **DTaP** **Infanrix** **Tripedia** **Pediarix** (combined with Hepatitis B and polio) **Tetramune** (combined with Hib) abbreviated TTR **TriHIBit** (combined with Hib) (DTaP/Hib) **Pentacel** (combined with IPV and Hib) **Kinrix** (combined with IPV)
Diphtheria and Tetanus	**DT**
Tetanus	**Decavac** **Td** **TT (Tetanus Toxoid)** **Tenivac**
Tetanus, Diphtheria, Acellular Pertussis	**Adacel** **Boostrix** **Tdap**
Haemophilus influenzae type b (Hib)	**ActHIB** **HbCV** **H- Flu** **Hib** **HibTITER** **OmniHIB** **PedvaxHIB** **PRP- OMP** **PRP-T** **Hiberix** **Comvax** (combined with Hepatitis B) **Tetramune** (combined with DTaP) abbreviated TTR **TriHIBit** (combined with DTaP) (DTaP/Hib) **Pentacel** (combined with IPV and DTaP) **MenHibrix** (combined with meningococcal)
Hepatitis A	**HAV** **Havrix** **Hep A** **VAQTA** **Twinrix** (combined with Hepatitis B)
Hepatitis B	**Engerix-B** **HBV** **Hep B** **Comvax** (combined with Hib) **Pediarix** (combined with polio and DTaP) **Recombivax-HB** **Twinrix** (combined with Hepatitis A)
HepA/HepB	**Twinrix** (Hep A and Hep B combined)

July 2013

Human Papilloma Virus	HPV, HPV2, HPV4, Cervarix, Gardasil
Influenza	Flu, FluMist, Fluzone, TIV, Fluarix, Fluvirin, FluLaval, Afluria, LAIV, IIV 3, IIV 4, Flucelvax, FluBlok
Measles, Mumps, Rubella	MMR, M-M-R II, MMRV (measles, mumps, rubella combined with varicella), ProQuad (measles, mumps, rubella combined with varicella)
Measles, Mumps, Rubella, Varicella	ProQuad, MMRV
Measles	Attenuvax
Mumps	Mumpsvax
Rubella	Meruvax II
Meningococcal	MCV4, Menomune, MPSV4, MenHibrix (combined with Hib), Menactra, MEN vaccine, Menveo
Pneumococcal	PCV-7 (Prevnar), PNE (pneumo), PCV-13 (Prevnar), PPV-23, Pneumococcal Conjugate, Pneumovax 23, PPSV-23
Polio	IPV, Ipol, OPV, Pediarix (combined with Hepatitis B and DTaP), Kinrix (combined with DTaP), Pentacel (combined with DTaP and Hib)
Rotavirus	RotaTeq, RV, RV1, Rotarix, RV5
Varicella (Chickenpox)	VAR, Varivax, MMRV (varicella combined with measles, mumps, rubella), ProQuad (varicella combined with measles, mumps, rubella)
Zoster	Zostavax, ZOS

July 2013

APPENDIX F
Recommended and Minimum Ages and Intervals Between Doses
Of Routinely Recommended Vaccines

Recommended and Minimum Ages and Intervals Between Doses				
Vaccine and dose number	**Recommended age for this dose**	**Minimum age for this dose**	**Recommended interval to next dose**	**Minimum interval to next dose**
Hepatitis B (HepB)-1[3]	Birth	Birth	1-4 months	4 weeks
HepB-2	1-2 months	4 weeks	2-17 months	8 weeks
HepB-3[4]	6-18 months	24 weeks	—	—
Diphtheria-tetanus-acellular pertussis (DTaP)-1[3]	2 months	6 weeks	2 months	4 weeks
DTaP-2	4 months	10 weeks	2 months	4 weeks
DTaP-3	6 months	14 weeks	6-12 months	6 months[5,6]
DTaP-4	15-18 months	12 months	3 years	6 months[5]
DTaP-5	4-6 years	4 years	—	—
Haemophilus influenzae type b (Hib)-1[3,7]	2 months	6 weeks	2 months	4 weeks
Hib-2	4 months	10 weeks	2 months	4 weeks
Hib-3[8]	6 months	14 weeks	6-9 months	8 weeks
Hib-4	12-15 months	12 months	—	—
Inactivated poliovirus (IPV)-1[3]	2 months	6 weeks	2 months	4 weeks
IPV-2	4 months	10 weeks	2-14 months	4 weeks
IPV-3	6-18 months	14 weeks	3-5 years	6 months
IPV-4[9]	4-6 years	4 years	—	—
Pneumococcal conjugate (PCV)-1[7]	2 months	6 weeks	8 weeks	4 weeks
PCV-2	4 months	10 weeks	8 weeks	4 weeks
PCV-3	6 months	14 weeks	6 months	8 weeks
PCV-4	12-15 months	12 months	—	—
Measles-mumps-rubella (MMR)-1[10]	12-15 months	12 months	3-5 years	4 weeks
MMR-2[10]	4-6 years	13 months	—	—
Varicella (Var)-1[10]	12-15 months	12 months	3-5 years	12 weeks[11]
Var-2[10]	4-6 years	15 months	—	—
Hepatitis A (HepA)-1	12-23 months	12 months	6-18 months[5]	6 months[5]
HepA-2	≥18 months	18 months	—	—
Influenza, inactivated (TIV)[12]	≥6 months	6 months[13]	1 month	4 weeks
Influenza, live attenuated (LAIV)[12]	2-49 years	2 years	1 month	4 weeks
Meningococcal conjugate (MCV4)-1[14]	11-12 years	2 years	4-5 years	8 weeks
MCV4-2	16 years	11 years (+ 8 weeks)	—	—
Meningococcal polysaccharide (MPSV4)-1[14]	—	2 years[15]	5 years	5 years
MPSV4-2	—	7 years	—	—
Tetanus-diphtheria (Td)	11-12 years	7 years	10 years	5 years
Tetanus-diphtheria-acellular pertussis (Tdap)[16]	≥11 years	7 years	—	—
Pneumococcal polysaccharide (PPSV)-1	—	2 years	5 years	5 years
PPSV-2[17]	—	7 years	—	—
Human papillomavirus (HPV)-1[18]	11-12 years	9 years	2 months	4 weeks
HPV-2	11-12 years (+ 2 months)	9 years (+ 4 weeks)	4 months	12 weeks[19]
HPV-3[19]	11-12 years (+ 6 months)	9 years (+24 weeks)	—	—
Rotavirus (RV)-1[21]	2 months	6 weeks	2 months	4 weeks
RV-2	4 months	10 weeks	2 months	4 weeks
RV-3[21]	6 months	14 weeks	—	—
Herpes zoster[22]	≥60 years	60 years	—	—

1 Combination vaccines are available. Use of licensed combination vaccines is generally preferred to separate injections of their equivalent component vaccines. When administering combination vaccines, the minimum age for administration is the oldest age for any of the individual components; the minimum interval between doses is equal to the greatest interval of any of the individual components.

2 Information on travel vaccines including typhoid, Japanese encephalitis, and yellow fever, is available at www.cdc.gov/travel. Information on other vaccines that are licensed in the US but not distributed, including anthrax and smallpox, is available at www.bt.cdc.gov.

3 Combination vaccines containing a hepatitis B component (Comvax, Pediarix, and Twinrix) are available. These vaccines should not be administered to infants younger than 6 weeks because of the other components (i.e., Hib, DTaP, HepA, and IPV).

4 HepB-3 should be administered at least 8 weeks after HepB-2 and at least 16 weeks after HepB-1, and should not be administered before age 24 weeks.

5 Calendar months.

6 The minimum recommended interval between DTaP-3 and DTaP-4 is 6 months. However, DTaP-4 need not be repeated if administered at least 4 months after DTaP-3.

7 Children receiving the first dose of Hib or PCV vaccine at age 7 months or older require fewer doses to complete the series.

8 If PRP-OMP (Pedvax-Hib) was administered at ages 2 and 4 months, a dose at age 6 months is not required.

9 A fourth dose is not needed if the third dose was administered on or after the 4th birthday and at least 6 months after the previous dose.

10 Combination measles-mumps-rubella-varicella (MMRV) vaccine can be used for children aged 12 months through 12 years. (See CDC. General recommendations on Immunization: recommendations of the ACIP. *MMWR* 2011;60[No. RR-2],7.)

11 For persons beginning the series on or after the 13th birthday, the minimum interval from varicella-1 to varicella-2 is 4 weeks.

12 One dose of influenza vaccine per season is recommended for most people. Children younger than 9 years of age who are receiving influenza vaccine for the first time should receive 2 doses this season. See current influenza recommendations for other factors affecting the decision to administer one vs. two doses to children younger than 9 years.

13 The minimum age for inactivated influenza vaccine varies by vaccine manufacturer and formulation. See package inserts for vaccine-specific minimum ages.

14 Revaccination with meningococcal vaccine is recommended for previously vaccinated persons who remain at high risk for meningococcal disease. (See CDC. Updated recommendations from the ACIP for vaccination of persons at prolonged increased risk for meningococcal disease. *MMWR* 2009;58:[1042-3])

15 Menactra may be given as young as 9 months for high-risk children.

16 Only one dose of Tdap is recommended. Subsequent doses should be given as Td. For one brand of Tdap (Adacel), the minimum age is 11 years. For management of a tetanus-prone wound in a person who has received a primary series of a tetanus-toxoid containing vaccine, there is no minimum interval between a previous dose of any tetanus-containing vaccine and Tdap.

17 A second dose of PPSV 5 years after the first dose is recommended for persons ≤65 years of age at highest risk for serious pneumococcal infection, and for those who are likely to have a rapid decline in pneumococcal antibody concentration. (See CDC. Prevention of pneumococcal disease: recommendations of the ACIP. *MMWR* 1997;46[No. RR-8].)

18 Bivalent HPV vaccine (Cervarix) is approved for females 10 through 25 years of age. Quadravalent HPV vaccine (Gardasil) is approved for males and females 9 through 26 years of age.

19 The minimum age for HPV-3 is based on the baseline minimum age for the first dose (108 months) and the minimum interval of 24 weeks between the first and third doses. Dose 3 need not be repeated if it is given at least 16 weeks after the first dose (and if the intervals between doses 1 and 2 and doses 2 and 3 are maintained at 4 weeks and 12 weeks, respectively).

20 The first dose of rotavirus must be administered between 6 weeks 0 days and 14 weeks 6 days. The vaccine series should not be started after age 15 weeks 0 days. Rotavirus should not be administered to children older than 8 months 0 days, regardless of the number of doses received before that age.

21 If two doses of Rotarix are administered as age appropriate, a third dose is not necessary.

22 Herpes zoster vaccine is recommended as a single dose for persons 60 years of age and older.

Adapted from Table 1, ACIP General Recommendations on Immunization. February 2012