

**School Immunization Requirements  
IN State Department of Health  
2014-2015 School Year  
FAQ's**

***Requirements & Compliance***

- 1. Are there any new required immunizations for the 2014-2015 school year?**  
**Yes.** Two appropriately administered doses of Hepatitis A vaccine are required for kindergarten entry and a meningococcal booster dose is required for students entering grade 12. The meningococcal booster dose is not required for students entering grade 12 who received dose #1 on or after their 16<sup>th</sup> birthday.
- 2. Are there any recommended immunizations that are not required for school entry for the 2014 - 2015 school year?**  
**Yes.** There are several vaccinations included on the routine immunization schedules that are not required for school entry this year. These include two doses of Hepatitis A vaccine (for grades 1-12) and three doses of Human Papillomavirus (HPV) vaccine for all adolescents and teens.
- 3. 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.
- 4. 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.
- 5. 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.
- 6. 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.
- 7. 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.
- 8. Is lab evidence of immunity acceptable for ALL school required immunizations?**  
**No. Lab evidence is NOT acceptable for Diphtheria, Pertussis, or Tetanus.**  
Laboratory evidence of immunity may be used in place of immunization requirements for the following school required immunizations:

**Measles  
Chickenpox**

**Mumps  
Hepatitis A & B**

**Rubella  
Polio**

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

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

**10. 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.

**11. When are 4 doses of Polio vaccine required?**

Four doses of polio are considered a complete series. Three doses are acceptable for all grade levels if the third dose was given on or after the 4<sup>th</sup> birthday and at least 6 months after the previous dose with only one type of vaccine used (all OPV or all IPV). For students in grades kindergarten through 4th grade, the final dose of Polio must be administered on or after the 4<sup>th</sup> birthday, and be administered **at least 6 months** after the previous dose.

**12. 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 3<sup>rd</sup> dose of Hepatitis B vaccine is 24 weeks (164 days).*

**13. 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.

**14. May a chiropractor give a medical exemption for vaccination?**

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

**15. What must a medical exemption contain?**

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

**16. What must a religious objection contain?**

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

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

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

**18. Is there a philosophical objection allowed in Indiana?**

**No.** Indiana law only allows religious and medical exemptions.

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

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

- The school gives a waiver (for a period not to exceed 20 days); or
- The local health department or a physician determines that the child's immunizations have been delayed due to extreme circumstances and that the required immunizations will not be completed by the first day of school. The parent must furnish a written statement and a time schedule approved by a physician or health department; or
- A medical exemption or religious objection is on file.

**20. 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 # is included on the record, you can determine which vaccine the student received. Menactra is a Sanofi Pasteur product and lot #'s typically begin with a "U". Menveo is a product from Novartis and lot #'s begin with the letter "M". If the lot # 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 10<sup>th</sup> 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.

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

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

**22. 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.

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

- For children entering preschool through 6<sup>th</sup> grade, a signed statement by a health care provider, documenting a diagnosis of varicella or verifying the history of disease, including date (MM/YY) is required. A child does not need to see their healthcare provider at the time of illness in order to request a verification of disease history. A parent can speak with their child's healthcare provider to ascertain whether the child had chickenpox based upon the disease presentation and

transmission. More information on assessing disease history is available at:  
<http://www.cdc.gov/chickenpox/hcp/immunity.html>

- For children entering grades 7-12, 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.***

**24. 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 1<sup>st</sup> birthday.

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

**Yes.** The student should receive the Tdap and MCV4 prior to entering 6<sup>th</sup> grade. Indiana's school immunization requirements are grade-based and not age based. A dose of Tdap and MCV4 will count towards the adolescent requirements if given at age 10 or older.

## **Reporting**

**1. How do I submit my report using CHIRP?**

IC 20-34-4-6 specifies that schools are to submit a written report of vaccination data levels, and all schools are now legally required to report their vaccination data levels using CHIRP. With this mandate, there is no need to submit a written report to ISDH. Parents must provide consent under FERPA prior to a student's record being added to the registry. Students with an existing record in CHIRP will only be included in the annual reporting once they are added to a school roster. More information about the FERPA law can be found on the IN Dept of Ed website: <http://www.doe.in.gov/student-services/health/immunizations>

**2. What is the deadline for schools to enter their data into CHIRP?**

Per IC 20-34-4-6, schools are required to submit their report of vaccination levels to ISDH within 60 days from the start of the school year (designated as Nov 1<sup>st</sup> for all schools across the state). However, we ask that schools continue to enter student records in the registry throughout the remainder of the school year, even if the Nov 1<sup>st</sup> deadline is missed. ISDH will pull the records from CHIRP in March 2015. Schools still must review student records for completeness, even if they can't immediately get them entered into CHIRP.

**3. Which grade levels does ISDH include in the annual report from CHIRP?**

While all students enrolled in school are required to be up-to-date on all required immunizations, only vaccination records for students in kindergarten, first, and sixth grades are pulled and analyzed from the registry each year.

**4. 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 immunizations, he/she must have the exemption reported in CHIRP.

**5. Do schools need to report immunization data for all 6<sup>th</sup> grade immunizations?**

**Yes.** Including varicella and Hepatitis B, MCV4, and Tdap.

**6. Does ISDH determine if a child is excluded from school for incomplete immunizations?**

**No.** School exclusion is determined by the school corporation according to IC 20-34-4-5. ISDH strongly recommends adherence to this code.

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

- **Meningococcal disease** – All students (IC 20-30-5-18)
- **Human Papillomavirus (HPV) Infection**—6<sup>th</sup> grade female students (IC 20-34-4-3). It is strongly recommended that this same information be provided to parents of enrolled 6<sup>th</sup> grade males.

**8. 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 female students under IC 20-34-4-6. However, forms should not include the students' 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. The survey must be submitted online using a link provided by the IN State Dept Health.

**9. Are schools required to send parents information about Pertussis and the Tdap vaccine?**

**No.** ISDH only recommends that schools send this information home to parents.

**10. When does the CHIRP automatic roll-up occur?**

CHIRP does an automatic grade roll-up each year. This roll-up; however, does not move students from school to school within a district. Schools will still be responsible for adding students to a roster if they are new to that particular school for the 2014-2015 school year. In years past, the roll-up occurred at the end of July. Beginning in 2014, it will **occur on June 30.**