

# **Procedure Manual School Immunization Regulations**

**Effective August 1983**

**Amended August 1997**

**Amended September 2001**

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## SCHOOL IMMUNIZATION REGULATIONS PROCEDURE MANUAL 2017

In March 2017, the Pa. Department of Health (Department) amended its regulations to school immunizations, 28 Pa. Code Chapter 23, Subchapter C. These regulations are effective Aug. 1, 2017 and will impact the entering class(es) for school year 2017-2018. The amendments revise § 23.82 (definitions), § 23.83 (immunization requirements), § 23.85 (responsibilities of schools and school administrators) and § 23.86 (school reporting).

These amendments added definitions of the terms “full immunization” and “medical certificate.”

Amendments also reflect the fact that several vaccines required for school attendance are no longer available in the United States in certain forms. For example, two pediatric acellular vaccines are available in the United States; however, the diphtheria, tetanus and pertussis vaccine is not available. Therefore, the separate antigen forms were deleted, and the combination form was added. The regulations allow for a child with a contraindication for the pertussis component of the vaccine to obtain a combination diphtheria and tetanus vaccination. Another example is that vaccines for measles, mumps, and rubella are no longer made as separate antigens, and the Department now requires the combination form.

The amendment also clarified the requirement for polio vaccination.

With respect to immunity, the regulations allow for immunity to be proven by a history of measles and rubella by laboratory testing and a written statement of history of mumps disease from a physician, certified registered nurse practitioner or physician assistant.

The regulations changed the Department’s existing requirements for school immunizations, and are based, in part, upon recommendations of the Advisory Committee on Immunization Practices (ACIP), an advisory committee of the federal Centers for Disease Control and Prevention (CDC). To ensure protection for students from meningitis into their post-secondary education, the Department added a dose of meningococcal conjugate vaccine (MCV) for entry into the 12<sup>th</sup> grade, or, in an ungraded class, for entry into the school year in which the child turns 18. This is in accordance with ACIP’s recommendations.

Also reflecting ACIP recommendations, Tdap may be administered regardless of the interval of time between the last dose of a vaccine containing a tetanus or diphtheria toxoid. One dose of Tdap in combination form is required.

The Department eliminated the eight-month provisional period and set up requirements that would allow for exclusion of students under certain circumstances. The requirements differ for single dose versus multiple dose vaccines.

The amendments require a child to have any single dose vaccine upon school entry or risk exclusion. In the case of a multi-dose vaccine, the amendments require that the child have at least one dose of the vaccine upon school entry. If additional doses are required and are medically appropriate within the first five days of school, the child must have either the final dose during that five-day period or must have the next scheduled dose and also provide a medical certificate setting out the schedule for the remaining doses. If the child has at least one dose, but needs

additional doses, and those doses are not medically appropriate during the first five days of school, the child may provide a medical certificate on or before the fifth school day scheduling those doses.

School administrators or their designees are required to review that medical certificate every 30 days to ensure that the child is in compliance. A school is to maintain the medical certificate until the child's official school immunization record is completed to ensure accuracy of records on immunizations.

The amendments address potential waivers of the immunization requirements when a student is unable to provide vaccine records immediately to the school, and include situations involving students covered by The McKinney-Vento Homeless Education Assistance Improvements Act of 2001, students transferring into a school in the commonwealth, situations involving vaccine shortages as recognized by the CDC and students changing schools in the wake of disasters when the immunization records are not accessible as set forth by the Department.

Finally, the amendments change the manner and time frames for schools to report immunization rates to the Department, in order to ensure the most accurate immunization data possible from schools. Schools are to electronically report immunization data to the Department by Dec. 31 of each year. In the event the school does not have access to a computer, the report may be completed on a form provided by the Department and received at the Department by Dec. 15 of each year.

A child who does not have an exemption as permitted by § 23.84 and who does not receive the immunizations as required in § 23.83 may be excluded in that school year and each succeeding school year that the child fails to obtain the required immunization.

The regulations do not change the requirements allowing a child to obtain an exemption from immunization requirements for either religious or medical reasons; those requirements are statutory, and may not be altered through the regulatory process.

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 new regulations 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 entrance and 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, hence there is no need for two separate subsections addressing those immunization requirements.
- 3) Attendance at school is defined as 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.
- 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) All 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) The medical certificate must be signed by a physician, certified registered nurse practitioner (CRNP) or physician assistant (PA). If the child will be receiving the immunizations from the Department or a public health department, a public health official may sign the medical certificate. A child who meets the requirements in the regulations regarding required immunizations and medical certificates may continue to attend school even if the child does not have all the required vaccinations, so long as the child complies with the vaccination schedule in the medical certificate. School administrators or their designees are required to review the medical certificate every 30 days to ensure that the child is in compliance.
- 7) By adding pertussis to the list of diseases against which a child shall be vaccinated for school entry and attendance, the Department is clarifying that the ACIP-recommended vaccine for the diphtheria and tetanus requirement is a vaccine that includes a pertussis component, DTaP, unless pertussis is contraindicated for that child, in which case a medical exemption for the pertussis component will be required.

- 8) The Department is clarifying that the previous polio requirement from three or more doses to: four properly-spaced doses of either oral polio vaccine or inactivated polio vaccine, which may be administered as a single antigen vaccine or in a combination form. The fourth dose shall be administered on or after the fourth birthday. (Students 18 years of age and older are exempted.)
- 9) The amendments also add a dose of meningococcal conjugate vaccine (MCV) for entry into the 12<sup>th</sup> grade, or, in an ungraded class, for entry into the school year where the child turns 18. Since this vaccine would be considered the last dose in a multidose series, this vaccine (or the next required or final dose) must be administered within the first five days of school entry, unless a waiver or exemption applies. If this requirement is not met, the school administrator shall undertake exclusion measures.
- 10) The regulations require that a completed Certificate of Immunization (an official certificate furnished by the Department of Health (Appendix B), be on file at the school where 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.
- 11) The regulations require that the Certificate of Immunization or a facsimile 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.
- 12) The amendments require the annual reporting of student immunization status to the Division of Immunizations, Department of Health, by Dec. 31 of each year.
- 13) 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, tetanus, and pertussis.** Four or more properly-spaced doses administered in combination form diphtheria and tetanus toxoids and acellular pertussis (DTaP) or diphtheria and tetanus toxoids and pertussis (DTP). If a child has a contraindication to pertussis vaccine, the child shall receive diphtheria and tetanus toxoid vaccine (DT) to complete the vaccination series. The fourth dose shall be administered on or after the fourth birthday.
    - a. If a student, age 7 years and older started the Td series late, the primary series is three doses. The first two doses should be separated by at least four weeks, and the third dose given at six to 12 months after the second dose. ACIP recommends that one of these doses (preferable the first) be administered as Tdap. The student would not have four doses of Td as required for school attendance and would be considered to be up-to-date with no further documentation required.
  - (b) **Poliomyelitis.** Four properly-spaced doses of either oral polio vaccine or inactivated polio vaccine, which may be administered as a single antigen vaccine

or in a combination form. The fourth dose shall be administered on or after the fourth birthday. (Students 18 years of age and older are exempted.)

(c) **Measles (rubeola), mumps and rubella (German measles).** One of the following:

- (i) **Multiple antigens.** Two properly-spaced doses of live attenuated measles, mumps, rubella combination vaccine, the first dose administered at 12 months of age or older.
- (ii) **Single antigens.** In the event the antigens were given separately, and not in a combination vaccine, the dosage is as follows:
  - a. Two properly-spaced doses of live attenuated measles vaccine, the first dose administered at 12 months of age or older;
  - b. One dose of live attenuated rubella vaccine, administered at 12 months of age or older; and
  - c. Two properly-spaced doses of live attenuated mumps vaccine, the first dose administered at 12 months of age or older.
- (iii) Evidence of immunity. Evidence of immunity may be shown by a history measles and rubella immunity proved by laboratory testing by a laboratory-appropriate certification and written statement of a history of mumps disease from a physician, certified registered nurse practitioner or physician assistant.

(d) **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 has 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.

(e) **Varicella (chickenpox).** One of the following:

- (i) **Varicella vaccine:** 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) **Evidence of immunity.** Evidence of immunity may be shown by either one of the following:
  - a. Laboratory evidence of immunity or laboratory confirmation of disease; or
  - b. A written statement of a history of chickenpox disease from a parent, guardian or physician, certified registered nurse practitioner or physician assistant.

14) There are special requirements for tetanus and diphtheria toxoids and acellular pertussis vaccine and meningococcal conjugate vaccine (MCV).

(a) **Required for entry into seventh grade.** In addition to the immunizations listed in number 13 (above), the following immunizations are required at any public, private, parochial or non-public school in this commonwealth, including

vocational schools, intermediate units, special education and home education programs, and cyber and charter schools as a condition of entry for students entering the seventh grade; or, in an ungraded class, for students in the school year that the student is 12 years of age:

(i) **Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap)**. One dose of Tdap in a combination form

(ii) **Meningococcal Conjugate Vaccine (MCV)**. One dose of MCV

15) A child who does not have an exemption as permitted by § 23.84 and who does not receive the immunizations as required in numbers 13 and 14 above may be excluded in that school year and each succeeding school year that the child fails to obtain the required immunization.

16) There are special MCV requirement for entry into 12<sup>th</sup> grade.

(a) In addition to the immunizations listed in numbers 13 and 14 above, one dose of MCV is required for entry into 12<sup>th</sup> grade at any public, private, parochial or non-public school in this commonwealth, including vocational schools, intermediate units, special education and home education programs, and cyber and charter schools, or, in an ungraded class, for students in the school year that the student is 18 years of age, if the child has not received a previous dose on or after the child's 16<sup>th</sup> birthday. A dose of MCV received at 16 years of age or older shall count as the 12<sup>th</sup> grade dose.

17) Provisional admittance to school occurs under some restrictions.

(i) **Multiple dose vaccine series.** If a child has not received all of the antigens for a multiple dose vaccine series described in § 23.83 on the child's first day of attendance for that school year, the school administrator or the administrator's designee may not provisionally admit the child to school, unless the child has at least one dose of each multiple dose vaccine series required by § 23.83, and one of the following occurs:

(a) The child receives the final dose of each multiple dose vaccine series required by § 23.83 within five school days of the child's first day of attendance, and the child's parent or guardian provides a certificate of immunization on or before the fifth school day.

(b) If the child needs additional doses of a multiple dose vaccine series in order to meet the requirement of § 23.83, the child receives the next scheduled dose during the five school days referenced in subparagraph (a) and the child's parent or guardian provides a medical certificate on or before the fifth school day scheduling the additional required doses.

(c) If the child needs additional doses of a multiple dose vaccine series to meet the requirements of § 23.83 but the next dose is not medically appropriate during the five school days referenced in subparagraph (a)



above, the child's parent or guardian provides a medical certificate on or before the fifth school day scheduling the additional required doses.

(ii) Single dose vaccines. If a child has not received a vaccine for which only a single dose is required on the child's first day of attendance for that school year, the child may not be admitted to school.

18) 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).

19) 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).

20) A **grace period** is when a vaccine dose is 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 and shall be considered 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 (green and white) card will be supplied by the Department of Health to each school district. The certificate is filled out by the parent or health care provider and signed by the health care provider, public health official or school nurse or designee. The certificate is given to the school as proof of full immunization. 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 religious and/or medical 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.

The certificate of immunization or a facsimile thereof generated by the 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.

## MEDICAL CERTIFICATE

(See example in Appendix C)

This is an official form (red and white) furnished by the Department setting out the immunization plan for a student who is not fully immunized; it is to be filled out and signed by a physician, certified registered nurse practitioner (CRNP), physician assistant (PA) or by a public health official when the immunization is provided by the Department or a local health department; then, it is given to a school as proof that the student is scheduled to complete the required immunization. A school shall maintain the medical certificate until the official school immunization record is completed.

The medical certificate shall be reviewed every 30 days by the school administrator or the school administrator's designee. Subsequent immunization shall be entered on the certificate of immunization or in the school's computer database. Immunization requirements described in § 23.83 shall be completed in accordance with the requirements of the medical certificate. If, upon review, the requirements of the medical certificate are not met, the school administrator or school administrator's designee may exclude the child from school.

## EXCEPTIONS TO PROVISIONS

1. McKinney-Vento Homeless Education Assistance Improvements Act of 2001, 42 U.S.C.A. §§ 111431-11435
  - a. If a child has not been immunized or is unable to provide immunization records due to being homeless, a school shall comply with any and all federal laws pertaining to the educational rights of homeless children, including the McKinney-Vento Homeless Education Assistance Improvements Act of 2001.
  
2. Moving or transferring into a school within the commonwealth
  - a. If the child's parent or guardian is unable to provide immunization records immediately upon enrollment into the school, the child's parent or guardian shall have 30 days to provide immunization records to the school to show proof of immunization as set out in § 23.83, a medical certificate or an exemption. A child who is unable to provide the necessary immunization records, medical certificate or exemption may be excluded at the end of the 30-day period and in subsequent school years until the school immunization requirements are met. If a student transfers again from one Pennsylvania school to another during his/her 30-day period, that student is allowed another 30-day provisional enrollment from time of entry into the second school.
  
3. Foster care
  - a. If a child is unable to provide immunization records on the first day of attendance for the school year due to being in foster care, the school shall comply with any and all federal laws pertaining to the educational rights of children in foster care, including the Fostering Connections to Success and Increasing Adoptions Act of 2008. The child's foster parent shall have 30 days to provide the school with immunization records, a medical certificate or otherwise satisfy the requirements for an exemption. A child who is unable to provide the necessary records, medicate certificate or exemption may be excluded at the end of the 30-day period and in subsequent school years until the school immunizations requirements are met.
  
4. Temporary waiver
  - a. The secretary of health may issue a temporary waiver of the immunization requirements if any of the following occurs;
    - i. The Centers for Disease Control and Prevention, United States Department of Health and Human Services, recognizes a nationwide shortage of supply for a particular vaccine.
    - ii. A disaster occurs impacting the ability of children transferring into a school to provide immunization records.

## DOCUMENTATION OF IMMUNIZATION REQUIREMENTS OR EXEMPTIONS

The month, day and year of measles, mumps, rubella (MMR) and varicella immunization must be provided to document that the vaccines were administered on or after 12 months of age and 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 (e.g., date of birth 6/04/10, immunization date or July 2011). A measles immunization given to this same child recorded as date of birth, (e.g., 6/04), or just immunization date, (e.g., 2010) is not acceptable.

By law, only licensed medical doctors, doctors of osteopathy or their designees 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 and there are inappropriate intervals between doses or a dose is given too early for the age (or any other spacing issues), the situation should be considered a medical exemption. In the event that there is 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 is furnished in lieu of vaccination, the type of test and the titer should be recorded and the physician verified.

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

Statements of religious or 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, Department representatives are available to consult with school personnel as to the intent of the exemption regulations. However, 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. Next year, the subsequent grade would be circled.

## GENERAL VACCINE INFORMATION

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) can be given at the same visit. If they cannot be given at the same visit, they should be separated by at least 28 days.
4. Several vaccines are given as combination vaccines. See Appendix F for a list of combination vaccines.
5. Any modification of the minimum recommended interval between doses of antigen(s) shall be documented in writing by the child's primary care physician, accompanied by written parental agreement.
6. If a student, age 7 years and older started the Td series late, the primary series is three doses. The first two doses should be separated by at least four weeks, and the third dose given at six to 12 months after the second dose. ACIP recommends that one of these doses (preferable the first) be administered as Tdap. The student would not have four doses of Td as required for school attendance and would be considered to be up-to-date with no further documentation required. Tdap would then count as the seventh grade dose.
7. When completing the School Immunization Law Report (Appendix D): if a child had one dose of varicella and also acquired varicella disease, the child should only be counted in the Varicella Had Disease column.
8. If a student has three doses of polio, the third dose being six months after the last dose and after their fourth birthday, does the child still need a fourth dose? This is a unique situation. ACIP's recommendation for routine polio vaccination has been four doses since 2009 (at 2 months, 4 months, 6-18 months and 4 through 6 years). Most physicians follow these ACIP recommendations for immunizations. Below is what our regulations require for polio:

**Poliomyelitis.** Four properly-spaced doses of either oral polio vaccine or inactivated polio vaccine, which may be administered as a single antigen vaccine, or in a combination form. The fourth dose shall be administered on or after the fourth birthday and at least six months after the previous dose.

The following is what is printed per the CDC ACIP recommended immunization schedule for polio:

Inactivated poliovirus vaccine (IPV); minimum age: 6 weeks

Routine vaccination:

Administer a four-dose series of IPV at ages 2 months, 4 months, 6-18 months and 4 through 6 years. The final dose in the series should be administered on or after the fourth birthday and at least six months after the previous dose.

The following is a catch-up schedule for polio per the CDC ACIP recommended immunization schedule.

Catch-up vaccination:

In the first six months of life, minimum age and minimum intervals are only recommended if the person is at risk of imminent exposure to circulating poliovirus (i.e., from travel to a polio-endemic region or during an outbreak).

If four or more doses are administered before age 4, an additional dose should be administered at age 4 through 6 and at least six months after the previous dose.

**\*\*Therefore, a fourth dose is not necessary if the third dose was administered at age 4 or older and at least six months after the previous dose.**

### Revaccination

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

Examples of the need for revaccination are children who received measles, mumps, rubella or varicella vaccines prior to 12 months of age, or 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 the decisions of the manufacturers of vaccine products and how they were licensed by the Food and Drug Administration, the Centers for Disease Control and Prevention, and the Department of Health.

ACIP has clearly stated that MMR and varicella immunizations should be given no sooner than 12 months of age.

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 entire or the majority of the population affected by that law or regulation, and exceptions cannot be granted. You should remember that revaccination with MMR or varicella 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.

## REPORTING

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 electronically by Dec. 31 of each year using a format and system provided by the Department.

In the event a public, private, parochial or nonpublic school does not have access to a computer to complete its report electronically, it shall report to the Department by Dec. 15 of each year using a form provided by the Department.

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

## APPENDIX A

### Annex A

#### TITLE 28. HEALTH AND SAFETY

#### PART III. PREVENTION OF DISEASES

#### CHAPTER 23. SCHOOL HEALTH

#### Subchapter C. IMMUNIZATION

#### § 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*—

(i) 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.

(ii) The term does not cover the attendance of children at a childcare group setting, defined in § 27.1 (relating to definitions), located in a public, private or vocational school, or in an intermediate unit.

*Certificate of immunization*—The official form furnished by the Department. The certificate is filled out by the 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 full immunization. The school maintains the certificate as the official school immunization record or stores the details of the record in a computer database.

*Department*—The Department of Health of the Commonwealth.

*Full immunization*—The completion of the requisite number of dosages of the specific antigens at recommended time and age intervals as set forth in § 23.83 (relating to immunization requirements).

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

*Medical certificate*—The official form furnished by the Department setting out the immunization plan for a student who is not fully immunized, filled out and signed by a physician, certified registered nurse practitioner or physician assistant, or by a public health official when the immunization is provided by the Department or a local health department, and given to a school as proof that the student is scheduled to complete the required immunizations.



*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 charter schools, shall ascertain that a child has been immunized in accordance with the requirements in subsections (b), (c) and (e) prior to admission to school for the first time, under section 1303 of the Public School Code of 1949 (24 P.S. § 13-1303a), regarding immunization required; penalty.

(b) *Required for attendance.* All of the following immunizations are required as a condition of attendance at school in this Commonwealth:

(1) *Diphtheria, tetanus and pertussis.* Four or more properly-spaced doses administered in a combination form (diphtheria and tetanus toxoids and acellular pertussis (DTaP) or diphtheria and tetanus toxoids and pertussis (DTP)). If a child has a contraindication to pertussis vaccine, the child shall receive diphtheria—tetanus toxoid vaccine (DT) to complete the vaccination series. The fourth dose shall be administered on or after the 4th birthday.

(2) *Poliomyelitis.* Four properly-spaced doses of either oral polio vaccine or inactivated polio vaccine, which may be administered as a single antigen vaccine, or in a combination form. The fourth dose shall be administered on or after the 4th birthday and at least 6 months after the previous dose.

(3) *Measles (rubeola), mumps and rubella (German measles).* One of the following:

(i) *Multiple antigens.* Two properly-spaced doses of live attenuated measles, mumps, rubella combination vaccine, the first dose administered at 12 months of age or older.

(ii) *Single antigens.* In the event the antigens were given separately, and not in a combination vaccine, the dosage is as follows:

(A) Two properly-spaced doses of live attenuated measles vaccine, the first dose administered at 12 months of age or older.

(B) One dose of live attenuated rubella vaccine, administered at 12 months of age or older.

(C) Two properly-spaced doses of live attenuated mumps vaccine, administered at 12 months of age or older.

(iii) *Evidence of immunity.* Evidence of immunity may be shown by a history of measles and rubella immunity proved by laboratory testing by a laboratory with the appropriate certification and a written statement of a history of mumps disease from a physician, certified registered nurse practitioner or physician assistant.

(4) *Hepatitis B*. Three properly-spaced doses of hepatitis B vaccine, unless a child receives a vaccine as approved by the United States 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 single antigen vaccine or in a combination form.

(5) *Varicella (chickenpox)*. One of the following:

(i) *Varicella vaccine*. 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) *Evidence of immunity*. Evidence of immunity may be shown by one of the following:

(A) Laboratory evidence of immunity or laboratory confirmation of disease.

(B) A written statement of a history of chickenpox disease from a parent, guardian, physician, certified registered nurse practitioner or physician assistant.

(c) *Special requirements for tetanus and diphtheria toxoids and acellular pertussis vaccine and meningococcal conjugate vaccine (MCV)*.

(1) *Required for entry into 7th grade*. In addition to the immunizations listed in subsection (b), the following immunizations are required at any 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, as a condition of entry for students entering the 7th grade, or, in an ungraded class, for students in the school year that the student is 12 years of age:

(i) *Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap)*. One dose of Tdap in a combination form.

(ii) *Meningococcal conjugate vaccine (MCV)*. One dose of MCV.

(iii) *Exclusion*. A child who does not have an exemption as permitted by § 23.84 (relating to exemption from immunization) and who does not receive the immunizations as required in subparagraphs (i) and (ii) may be excluded in that school year and each succeeding school year that the child fails to obtain the required immunization.

(2) *Required for entry into 12th grade*. In addition to the immunizations listed in subsection (b) and this subsection, one dose of MCV is required for entry into 12th grade at any 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, or, in an ungraded class, for students in the school year that the student is 18 years of age, if the child has not received a previous dose on or after the child's 16th birthday. A dose of MCV received at 16 years of age or older shall count as the 12th grade dose.

(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 § 27.77 (relating to immunization requirements for children in child care group settings).

(e) *Prekindergarten programs, early intervention programs' early childhood special education classrooms and private academic preschools.* Attendance at a prekindergarten 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 preschools is conditional upon the child's satisfaction of the immunization requirements in § 27.77.

(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 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.

### **§ 23.85. Responsibilities of schools and school administrators.**

(a) *Inform of requirements and ascertain immunization status.* The administrator in charge of a school shall appoint a knowledgeable person to perform all of 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 school official's designee, or the details of the record shall be stored in a computer database.

(b) *Admission to school or continued attendance.* If the knowledgeable person designated by the school administrator is unable to ascertain whether a child has received the immunizations required under § 23.83 (relating to immunization requirements) or under 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) *Inform of specific immunization requirements.* The parent or guardian of a child or the emancipated child who has not received the immunizations required under § 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) *Requirements under which admission or continued attendance is permitted.* 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) *Provisional admittance to school.*

(1) *Multiple dose vaccine series.* If a child has not received all of the antigens for a multiple dose vaccine series described in § 23.83 on the child's first day of attendance for that school year, the school administrator or the school administrator's designee may not provisionally admit the child to school unless the child has at least one dose of each multiple dose vaccine series required under § 23.83, and one of the following occurs:

(i) The child receives the final dose of each multiple dose vaccine series required under § 23.83 within 5 school days of the child's first day of attendance, and the child's parent or guardian provides a certificate of immunization on or before the 5th school day.

(ii) If the child needs additional doses of a multiple dose vaccine series to meet the requirements of § 23.83, the child receives the next scheduled dose during the 5 school days referenced in subparagraph (i), and the child's parent or guardian provides a medical certificate on or before the 5th school day scheduling the additional required doses.

(iii) If the child needs additional doses of a multiple dose vaccine series to meet the requirements of § 23.83, but the next dose is not medically appropriate during the 5 school days referenced in subparagraph (i), the child's parent or guardian provides a medical certificate on or before the 5th school day scheduling the additional required doses.

(2) *Single dose vaccines.* If a child has not received a vaccine for which only a single dose is required on the child's first day of attendance for that school year, the child may not be admitted to school.

(3) *Completion of required immunizations.* The medical certificate shall be reviewed at least every 30 days by the school administrator or the school 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 in accordance with the requirements of the medical certificate. If, upon review, the requirements of the medical certificate are not met, the school administrator or the school administrator's designee may exclude the child from school.

(4) *Medical certificate.* A school shall maintain the medical certificate until the official school immunization record is completed.

(f) *Certificate of immunization.* 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.

(g) *Applicability.* This section does not apply to a child if one of the following occurs:

(1) The child has not been immunized or is unable to provide immunization records due to being homeless. A school shall comply with Federal laws pertaining to the educational rights of homeless children, including the McKinney-Vento Homeless Education Assistance Improvements Act of 2001 (42 U.S.C.A. §§ 11431—11435).

(2) The child, when moving or transferring into a school in this Commonwealth, is unable to provide immunization records immediately upon enrollment into the school. The child's parent or guardian shall have 30 days to provide immunization records to the school to show proof of immunization as set forth in § 23.83, a medical certificate as set forth in subsection (e) or to satisfy the requirements for an exemption as set forth in § 23.84. A child who is unable to provide the necessary records, medical certificate or exemption may be excluded at the end of the 30-day period and in subsequent school years until the requirements of this subchapter are met.

(3) The child has not been immunized or is unable to provide immunization records on the first day of attendance for the school year due to being in foster care. A school shall comply with Federal laws pertaining to the educational rights of children in foster care, including the Fostering Connections to Success and Increasing Adoptions Act of 2008 (42 U.S.C.A. §§ 670—679c). The child's foster parent shall have 30 days to provide immunization records to the school to show proof of immunization as set forth in § 23.83, a medical certificate as set forth in subsection (e) or to satisfy the requirements for an exemption as set forth in § 23.84. A child who is unable to provide the necessary records, medical certificate or exemption may be excluded at the end of the 30-day period and in subsequent school years until the requirements of this subchapter are met.

(4) The child obtains an exemption under § 23.84.

(h) *Temporary waiver.* The Secretary may issue a temporary waiver of the immunization requirements in § 23.83. The details of the temporary waiver will be set out in a notice published in the *Pennsylvania Bulletin*. A temporary waiver may be issued under either of the following circumstances:

(1) The Centers for Disease Control and Prevention, United States Department of Health and Human Services, recognizes a Nationwide shortage of supply for a particular vaccine.

(2) In the event of a disaster impacting the ability of children transferring into a school to provide immunization records.

### **§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 electronically by December 31 of each year using a format and system provided by the Department.

(b) In the event a public, private, parochial or nonpublic school is unable to complete its report electronically, it shall report to the Department by December 15 of each year using a form provided by the Department.

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

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

(e) The school administrator or the school 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.

(f) Content of the reports must include all of the following information:

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

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

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

(7) The number of students in kindergarten, 7th grade or in an ungraded school, 12 years of age only, who were denied admission because of the student's inability to provide documentation of the required vaccine doses.

(8) Other information as required by the Department.

(c) Questions concerning this subchapter should be addressed to:

Pennsylvania Department of Health

Division of Immunizations

Health and Welfare Building, 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 when immunization doses listed below were given.				
Diphtheria, tetanus and acellular pertussis (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 _____ Titer _____		
Varicella (vaccine or disease)	1 / /	2 / /	Rubella serology Date _____ Titer _____		
Meningococcal (MCV)	1 / /	2 / /			
Other	1 / /	2 / /	Mumps disease diagnosed by a physician: Date _____		

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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 \_\_\_\_\_ Date \_\_\_\_\_  
(PARENT OR GUARDIAN)

# APPENDIX C

## MEDICAL CERTIFICATE

**PENNSYLVANIA DEPARTMENT OF HEALTH – MEDICAL CERTIFICATE**

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 \_\_\_\_\_

VACCINE Circle appropriate item	Enter month, day and year each immunization will be given				
	DOSES				
Diphtheria, tetanus and acellular pertussis (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	Titer
Varicella	1 / /	2 / /	Rubella serology	Date	Titer
Meningococcal (MCV)	1 / /	2 / /			
Other	1 / /	2 / /	Mumps disease diagnosed by a physician: Date		

Attach EHR of vaccines already given.

X \_\_\_\_\_  
 Signature (PLEASE CIRCLE - physician, certified registered nurse practitioner, physician assistant, local health department)

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# Appendix D

## COMMONWEALTH OF PENNSYLVANIA SCHOOL IMMUNIZATION LAW REPORT

**DUE: December 31**

**Section 1**

**TO EXCLUDE YOUR SCHOOL ...**

If your school should be excluded and you are unable to file your exclusion electronically, check one of the boxes below. This form should then be sent to the address provided. Exclusions are to be filed electronically when possible.

**Exclusion reasons:**

- School is closed
- Students are enrolled at home school district
- There is no K and no seventh grade
- Is this entity a preschool/daycare?

Was this report approved by a medical professional? (Nurse, School Nurse, RN, CSN, LPN, CRNP, PA, DO or MD)   
Yes  No

Name: \_\_\_\_\_

Job title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date: \_\_\_\_\_

Complete the above information.

**Mail this form to Department of Health (DOH) only if you do not have access to a computer.**

Pennsylvania Department of Health  
Division of Immunizations  
Health and Welfare Bldg., Room 1028  
625 Forster  
Harrisburg, PA 17120-0701

<b>ATTENTION SCHOOL NURSE</b>	<b>AUN#</b>

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

**Section 2      Section 3      A      B      C      D      E      F      Section 4**

Active grades within school:	Grade Section	# of Students Enrolled	# of Students Medical Exempt	# of Students Religious Exempt	# of Students Philosophical/Strong Moral or Ethical Conviction Exempt	# of Students Enrolled Provisionally	# of Students Denied Admission or Attendance	DTAP/DTP/DT	4 doses or more	Polio	4 doses or more	MMR	2 doses or more	HepB	3 doses or more	Varicella	Had disease	Varicella	2 doses	Tdap/Td	1 dose	MCV	1 dose
	<input type="checkbox"/> Grades K and 7	Kindergarten																					
<input type="checkbox"/> Only grade K	Seventh Grade																						
<input type="checkbox"/> Only grade 7																							

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

**PRINTED ABOVE IS THE 2017-18 SCHOOL IMMUNIZATION LAW REPORT (SILR) DUE: December 31, 2017**

The School Immunization Law Report is entered online at <https://apps.health.pa.gov/sira/>. See below for detailed online registration instructions. Go to "New online registration" if this is your first time reporting the School Immunization Law Report. If you previously registered, follow instructions for "If already registered." If you do not have access to a computer, follow the "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, Division of Immunizations (DOI) to the address listed above. If you have any questions on completing the report please contact DOI at 717-787-5681.

**New online registration:**

- Enter the Web-based system <https://apps.health.pa.gov/sira/>. Click REGISTER link on menu at left side of screen.
- Enter school district's nine-digit administrative unit number (AUN) and four-digit school/branch number (found in the address block in the SILR). 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 the nine-digit AUN number and four-digit school/branch number for those individual schools, and click ADD until you get all your schools listed).
- Complete all fields under user registration.
- Keep username and password for future use in a confidential place. It is a breach of security to share passwords.
- Click REGISTER button; click OK when registration is complete. Then follow the instructions to complete online submission.

**If already registered:**

- Click on LOGIN link. Enter your username and password (DO NOT re-register).
- Click SUBMIT. Follow steps to ADD REPORT. Follow the General SILR online instructions.
- If you forgot your username, call the DOI and provide them with the following information: your email address, the school (s) you report on, your nurse license number, the school district's nine-digit administrative number (AUN) and four-digit digit school/branch number. We will email your username to you. If you do not remember your password, click below the submit button (Forgot your Password Click here). Your password will be emailed to you.

**Step-by-step general instructions if you are not reporting online:**

- Each school district is given a nine-digit administrative unit number (AUN) and a four-digit school/branch number. Each school requires a separate report. Do not combine two schools together onto one report. Review and complete the above report. We are ONLY interested in data from kindergarten and seventh grade who were and who were not vaccinated with the number of doses specified on the form. Review Exclude Your School ONLY, if you do not have students in kindergarten and seventh grade. If your facility is closed, you may enter the information by checking the appropriate box above and return to the Department of Health. Fill out who approved the report and provide name, job title, telephone number and the date of the report.
- In Section 1 of the SILR report, enter if you have any exclusions and select the exclusion reason: School is closed, Students are enrolled at home school district, There is no K and no seventh grade, Is this entity a preschool/daycare.
- In Section 2 of the SILR report, enter the active grades within the school that you are reporting; check the box if you are reporting grades K and 7, only grade K and only grade 7.
- In Section 3 of the report, enter the total number of students enrolled in each listed grade section (Column A); number of students who are medical exempt (Column B); number of students who are religious exempt (Column C); number of students who are philosophical/strong moral or ethical conviction exempt (Column D); number of students who are enrolled provisionally until they complete required immunizations (Column E); and total number of students denied admission/attendance (Column F).
- Section 4 of the report is asking for the number of students in kindergarten and seventh grades that have the number of doses indicated of the specific antigen or that had the disease. There are specific columns for specified vaccines; please indicate them in your report. Make a copy of your report.
- Mail to the address listed above. Submit your report by December 15, 2017.

HD01677S

## APPENDIX E

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

<b>NORTHEASTERN DISTRICT</b>	<b>COUNTIES</b>	
Immunization Coordinators School Health Consultant 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
<b>SOUTHEASTERN DISTRICT</b>	<b>COUNTIES</b>	
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
<b>NORTHCENTRAL DISTRICT</b>	<b>COUNTIES</b>	
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
<b>SOUTHCENTRAL DISTRICT</b>	<b>COUNTIES</b>	
Immunization Coordinators School Health Consultant 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

<b>NORTHWESTERN DISTRICT</b>	<b>COUNTIES</b>	
Immunization Coordinators School Health Consultant 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
<b>SOUTHWESTERN DISTRICT</b>	<b>COUNTIES</b>	
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**

Allegheny County Health Department  
412-687-2243

Erie County Department of Health  
814-451-6700

Allentown Bureau of Health  
610-437-7760

Montgomery County Health Department  
610-278-5117

Bethlehem Bureau of Health  
610-865-7087/7083

Wilkes-Barre City Health Department  
570-208-4268

Bucks County Department of Health  
215-345-3318

York City Bureau of Health  
717-849-2299

Chester County Health Department  
610-344-6225

Philadelphia Department of Health  
215-685-6740

## APPENDIX F

VACCINE	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)			
	Quadacel (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 Hep B)		
	Pediarix (combined with polio and DTaP)			
	Recombivax-HB			
	Twinrix (combined with Hepatitis A)			
HepA/HepB	Twinrix (Hep A and Hep B combined)			
Human Papilloma Virus	HPV	HPV4	Gardasil	HPV 9
	HPV2	Cervarix	Gardasil 9	April 2017

Influenza	Flu FluMist Fluzone TIV	Fluarix Fluvirin FluLaval Afluria	LAIV IIV 3 IIV 4 Flucelvax FluBlok
Measles, Mumps, Rubella	MMR MMRV (measles, mumps, rubella combined with varicella) ProQuad (measles, mumps, rubella combined with varicella)	M-M-R II	
Measles, Mumps, Rubella, Varicella	ProQuad MMRV		
Measles	Attenuvax		
Mumps	Mumpsvox		
Rubella	Meruvax II		
Meningococcal	MCV4 Menomune MPSV4 MenHibrix (combined with Hib)	Menactra MEN vaccine Menveo	Bexsero Trumenba
Pneumococcal	PCV-7 (Pevnar) PNE (pneumo) PCV-13 (Pevnar) 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) Quadracel (combined with DTaP)	
Rotavirus	RotaTeq RV RV1	Rotarix RV5	
Varicella (Chickenpox)	VAR MMRV (varicella combined with measles, mumps, rubella) ProQuad (varicella combined with measles, mumps, rubella)	Varivax	
Zoster	Zostavax	ZOS	

## APPENDIX G

<b>Recommended and Minimum Ages and Intervals Between Doses of Routinely Recommended Vaccines<sup>1,2,3,4</sup></b>				
Vaccine and dose number	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
Diphtheria-tetanus-acellular pertussis (DTaP)-1 <sup>5</sup>	2 months	6 weeks	8 weeks	4 weeks
DTaP-2	4 months	10 weeks	8 weeks	4 weeks
DTaP-3	6 months	14 weeks	6-12 months	6 months <sup>5</sup>
DTaP-4 <sup>5</sup>	15-18 months	12 months <sup>5</sup>	3 years	6 months
DTaP-5	4-6 years	4 years	—	—
<i>Haemophilus influenzae</i> type b (Hib)-1 <sup>5,7</sup>	2 months	6 weeks	8 weeks	4 weeks
Hib-2	4 months	10 weeks	8 weeks	4 weeks
Hib-3 <sup>8</sup>	6 months	14 weeks	6-9 months	8 weeks
Hib-4	12-15 months	12 months	—	—
Hepatitis A (HepA)-1 <sup>5</sup>	12-23 months	12 months	6-18 months	6 months
HepA-2	≥18 months	18 months	—	—
Hepatitis B (HepB)-1 <sup>5</sup>	Birth	Birth	4 weeks-4 months	4 weeks
HepB-2	1-2 months	4 weeks	8 weeks-17 months	8 weeks
HepB-3 <sup>9</sup>	6-18 months	24 weeks	—	—
Herpes zoster (HZV) <sup>10</sup>	≥60 years	60 years	—	—
Human papillomavirus (HPV)-1 <sup>11</sup>	11-12 years	9 years	8 weeks	4 weeks
HPV-2	11-12 years (+ 2 months)	9 years (+ 4 weeks)	4 months	12 weeks <sup>12</sup>
HPV-3 <sup>12</sup>	11-12 years (+ 8 months)	9 years (+24 weeks)	—	—
Influenza, inactivated (IIV) <sup>13</sup>	≥6 months	6 months <sup>14</sup>	4 weeks	4 weeks
Influenza, live attenuated (LAIV) <sup>13</sup>	2-49 years	2 years	4 weeks	4 weeks
Measles-mumps-rubella (MMR)-1 <sup>15</sup>	12-15 months	12 months	3-5 years	4 weeks
MMR-2 <sup>15</sup>	4-6 years	13 months	—	—
Meningococcal conjugate (MCV)-1 <sup>16</sup>	11-12 years	6 weeks <sup>17</sup>	4-5 years	8 weeks
MCV-2	16 years	11 years (+ 8 weeks)	—	—
Meningococcal polysaccharide (MPSV4)-1 <sup>15</sup>	—	2 years	5 years	5 years
MPSV4-2	—	7 years	—	—
Pneumococcal conjugate (PCV)-1 <sup>7</sup>	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	—	—
Pneumococcal polysaccharide (PPSV)-1	—	2 years	5 years	5 years
PPSV-2 <sup>18</sup>	—	7 years	—	—
Poliovirus, inactivated (IPV)-1 <sup>5</sup>	2 months	6 weeks	8 weeks	4 weeks
IPV-2	4 months	10 weeks	8 weeks-14 months	4 weeks
IPV-3	6-18 months	14 weeks	3-5 years	6 months
IPV-4 <sup>19</sup>	4-6 years	4 years	—	—
Rotavirus (RV)-1 <sup>20</sup>	2 months	6 weeks	8 weeks	4 weeks
RV-2	4 months	10 weeks	8 weeks	4 weeks
RV-3 <sup>21</sup>	6 months	14 weeks	—	—
Tetanus-diphtheria (Td)	11-12 years	7 years	10 years	5 years
Tetanus-diphtheria-acellular pertussis (Tdap) <sup>22</sup>	≥11 years	7 years	—	—
Varicella (Var)-1 <sup>15</sup>	12-15 months	12 months	3-5 years	12 weeks <sup>23</sup>
Var-2 <sup>13*</sup>	4-6 years	15 months <sup>24</sup>	—	—



- 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 (exception: the minimum age for the first dose of MenHibrix is 6 weeks); 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](http://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](http://www.bt.cdc.gov).
- 3 Ages and intervals less than 4 months may be expressed in weeks. When the term "months" is used to express an age or interval, it means calendar months.
- 4 A hyphen used to express a range (as in "12-15 months") means "through."
- 5 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).
- 6 The minimum recommended interval between DTaP-3 and DTaP-4 is 6 months. However, the fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose. DTaP-4 need not be repeated if administered at least 4 months after DTaP-3. This is a special grace period (2 months long) that can be used while evaluating records retrospectively. An additional 4 days should not be added to this grace period.
- 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 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.
- 10 Herpes zoster vaccine is recommended as a single dose for persons 60 years of age and older.
- 11 Bivalent HPV vaccine (Cervarix) is approved for females 9 through 25 years of age. Quadrivalent HPV vaccine (Gardasil) is approved for males and females 9 through 26 years of age.
- 12 The minimum age for HPV-3 is based on the baseline minimum age for the first dose (9 years) 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).
- 13 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.
- 14 The minimum age for inactivated influenza vaccine varies by vaccine manufacturer and formulation. See package inserts for vaccine-specific minimum ages.
- 15 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.)
- 16 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])
- 17 Menactra can be given as young as 9 months for high-risk children. Menveo can be given as young as 2 months for high-risk children. MenHibrix can be given as young as 6 weeks for high-risk children. MenHibrix is given as a four dose series at 2 months, 4 months, 6 months and 12-18 months.
- 18 A second dose of PPSV 5 years after the first dose is recommended for persons  $\leq 65$  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].)
- 19 A fourth dose is not needed if the third dose was administered on or after the 4<sup>th</sup> birthday and at least 6 months after the previous dose.
- 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 for infants 15 weeks 0 days or older. Rotavirus vaccine 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 Only one dose of Tdap is recommended. Subsequent doses should be given as Td. For management of a tetanus-prone wound in a person who has received a primary series of a tetanus-toxoid containing vaccine, the minimum interval after a previous dose of any tetanus-containing vaccine is 5 years.
- 23 For persons beginning the series on or after the 13<sup>th</sup> birthday, the minimum interval from varicella-1 to varicella-2 is 4 weeks. While it is not recommended, if a child younger than 13 years receives varicella-2 at an interval of 4 weeks or longer from varicella-1, the dose does not need to be repeated.
- 24 A special grace period of 2 months, based on expert opinion, can be applied to the minimum age of 15 months when evaluating records retrospectively, which will result in an acceptable minimum age of 13 months. An additional 4 days should not be added to this grace period.

Adapted from Table 1, ACIP General Recommendations on Immunization.

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