

## **Kansas School Immunization Requirements Frequently Asked Questions**

### **Kansas Statute**

*Q: Why do some school boards not exclude students who are non-compliant with the required school immunizations?*

A: Kansas Statute K.S.A. 72-6265 states: School boards may exclude students who have not completed the required inoculations. This decision rests with each school board.

*Q: Why do medical exemptions from a health care provider not give a specific reason for the exemption?*

A: Health care providers are not required to provide specific health information for a medical exemption. The form must be completed and signed annually by a health care provider.

*Q: Is there a discrepancy between the Advisory Committee on Immunization Practices (ACIP) and Kansas school immunization requirements?*

A: No. The Kansas school immunization requirements are based on ACIP recommendations. It may appear there is a discrepancy because not all ACIP recommendations are required under Kansas Statute. For example, under current Kansas school immunization guidelines, the influenza vaccine is not required for K-12 attendance. Kansas has progressively implemented the ACIP recommendations over the course of several years to help decrease the burden on parents, school personnel, and immunization providers that would occur if every recommended ACIP vaccine was required for every grade.

*Q: It appears there may be some misunderstanding of minimum vaccine intervals and ages which lead to repeated vaccines. How do school nurses communicate this to providers?*

A: The ACIP schedule documents the minimum intervals and ages for each vaccine. School nurses might share this schedule with the provider and offer to assist in deciphering tough cases. The provider is ultimately the one who is responsible for the immunization services they provide and if they refuse to re-vaccinate, the school may document this in the child's record.

*Q: Where can I find a list of diseases that students are required to show proof of immunity against for school entry?*

A: The Kansas Register Regulations Vol. 27, No. 26, June 26, 2008 Department of Health and Environment Permanent Administrative Regulations can be found on the Kansas Department of Health and Environment, Kansas Immunization Website at:

[http://www.kdheks.gov/immunize/download/KS\\_Imm\\_Regs\\_for\\_School\\_and\\_Childcare.pdf](http://www.kdheks.gov/immunize/download/KS_Imm_Regs_for_School_and_Childcare.pdf)

### **DTaP and Tdap**

*Q: What if a child younger than 7 years old receives a Tdap or a child older than 7 years old receives a DTaP as a result of a vaccine administration error?*

A: The information below details when doses can be counted as valid and when they should be repeated:

- Tdap given to a child younger than age 7 years as either dose 1, 2, or 3 is NOT valid. Repeat with DTaP as soon as possible.
- Tdap given to a child younger than age 7 years as either dose 4 or 5 can be counted as valid for DTaP dose 4 or 5.
- DTaP given to children 7 years and older can count as a valid dose.

*Q: If a child between the ages of 7 to 10 years of age receives a dose of Tdap inadvertently or as a part of the catch-up schedule, will that child need an additional dose at 7<sup>th</sup> grade (11-12 years old)?*

A: Yes. Children 7-10 years old who receive a Tdap inadvertently or as a part of the catch-up series should receive the routine dose of Tdap at 7<sup>th</sup> grade (11-12 years old).

*Q: What is the catch-up schedule for an incomplete DTaP or Tdap series?*

A: The catch-up schedule is as follows:

- Person ages 7-18 years not fully immunized: 1 dose of Tdap as a part of the catch-up series; if additional doses are needed, use Td.
- Adolescents ages 13-18 years who have not received a dose of Tdap: 1 dose of Tdap, then Td booster every 10 years
- For additional information on incomplete DTaP schedules, see The Centers for Disease Control and Prevention (CDC) Catch-up Guidance for Children 4 Months through 6 Years of Age; Diphtheria-, Tetanus-, Pertussis-Containing Vaccines: DTaP/Dt at: <https://www.cdc.gov/vaccines/schedules/downloads/child/job-aids/dtap.pdf>
- For additional information on incomplete Tdap schedules, see the CDC Catch Up Guidance for Children 7 through 18 Years of Age; Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td at: <https://www.cdc.gov/vaccines/schedules/downloads/child/job-aids/tdap.pdf>

## **Hepatitis A**

*Q: Hepatitis A has been added to the Kansas school requirements for grades Kindergarten through 12<sup>th</sup> grade. How does the Implantation Schedule work?*

A: The implementation Schedule is as follows:

2019-2020 Required for Kindergarten and First grade students

2020-2021 Required for Kindergarten through Third grade students

2021-2022 Required for Kindergarten through Fifth grade students

2022-2023 Required for Kindergarten through Seventh grade students

2023-2024 Required for Kindergarten through Ninth grade students

2024-2025 Required for Kindergarten through Twelfth grade students

The Kansas Immunization Program's Phased Implementation Schedule can be found at:

[http://www.kdheks.gov/immunize/download/Implementation\\_of\\_New\\_Requirements\\_Starting\\_2019-2020.pdf](http://www.kdheks.gov/immunize/download/Implementation_of_New_Requirements_Starting_2019-2020.pdf)

*Q: What schedule should be followed if a student previously received one dose of Hepatitis A?*

A: The student should receive a second dose of Hepatitis A with a minimum interval of 6 months between doses. If a student previously received a dose greater than 6 months ago, there is no need to restart the series.

## **Hepatitis B**

*Q: What is the minimum interval for the 3<sup>rd</sup> dose of Hepatitis B vaccine?*

A: There must be a minimum 4 weeks between doses 1 and 2, 8 weeks between dose 2 and 3, and 16 weeks between dose 1 and 3. The final dose of the series must be completed on or after 6 months of age. Four doses are permitted when a combination vaccine is used, but the final dose must be given at 6 months or older.

## **Meningococcal**

*Q: The Meningococcal vaccine has been added to the Kansas school requirements for grades 7th through 12<sup>th</sup> grade. How does the Implementation Schedule work?*

A: For the 2019-2020 school year, only children in 7<sup>th</sup> and 11<sup>th</sup> grade would be required to have the Meningococcal (A,C,W,Y) series. If there is no history of vaccination, the child would need to have one dose of Meningococcal (A,C,W,Y) at school entry. For 7<sup>th</sup> graders, they would not need a second dose until the 11<sup>th</sup> grade. For those in 11<sup>th</sup> grade, a second dose is not required. For the 2020-2021 school year, children in 7<sup>th</sup>, 8<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> grades would be required to have a Meningococcal (A,C,W,Y) at school entry. The 7<sup>th</sup> and 8<sup>th</sup> graders would not need a second dose of Meningococcal (A,C,W,Y) until 11<sup>th</sup> grade. The 11<sup>th</sup> and 12<sup>th</sup> graders would not need a second dose. For the 2021-2022 school year, children in 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> grades would be required to have one dose of Meningococcal (A,C,W,Y) at school entry. The 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> graders would not need a second dose until 11<sup>th</sup> grade. For the 2022-2023 school year, children in 7<sup>th</sup> through 12<sup>th</sup> grades would be required to have one dose of Meningococcal (A,C,W,Y) at school entry. The 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, and 10<sup>th</sup> graders would not need a second dose until 11<sup>th</sup> grade.

The Kansas Immunization Program's Phased Implementation Schedule can be found at:

[http://www.kdheks.gov/immunize/download/Implementation\\_of\\_New\\_Requirements\\_Starting\\_2019-2020.pdf](http://www.kdheks.gov/immunize/download/Implementation_of_New_Requirements_Starting_2019-2020.pdf)

*Q: What schedule should be followed for the Meningococcal vaccine?*

A: The ACIP routine schedule is dose 1 at 7<sup>th</sup> grade (11-12 years of age) and dose 2 at 11<sup>th</sup> grade (16 years of age). The catch-up schedule is as follows:

- Age 13-15 years: 1 dose now and a booster at age 16-18 years
- Age 16-18 years: 1 dose
- The minimum interval between doses is 8 weeks

## **Polio**

*Q: What if a student has a record containing oral polio vaccine (OPV) and IPV (inactivated polio vaccine) or OPV only.*

A: A student receiving vaccines outside of the United States might have a vaccine record contain either a combination of OPV and IPV or OPV only. If the minimum age for vaccination and minimum intervals are similar to that of the ACIP recommendations, doses can be accepted as valid. Countries using an accelerated schedule, with the first dose given as early as 6 weeks, the second and third doses administered at least 4 weeks after previous doses, and minimum interval between third and fourth doses at least 6 months can also be considered as valid doses. Only written, dated records are acceptable as evidence of previous vaccination. Documentation of vaccination with OPV outside the United States should specify vaccination against all three poliovirus types (trivalent OPV or tOPV). If both trivalent OPV (tOPV) and IPV were administered as part of a series, the total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. A minimum interval of 4 weeks should separate doses in the series, with the final dose administered on or after the fourth birthday and at least 6 months after the previous dose. If only tOPV was administered, and all doses were given before age 4 years, 1 dose of IPV should be given at age  $\geq 4$  years, at least 6 months after the last tOPV dose.

## **Varicella**

*Q: How is proof of immunity from varicella disease determined?*

A: The ACIP and Kansas Immunization Program endorse the following criteria for verification of varicella immunity:

- Documentation of age appropriate vaccination with a varicella vaccine; dose 1 at 12-15 months and dose 2 prior to Kindergarten entry.
- Written documentation of 2 doses of varicella given no earlier than age 12 months with at least 4 weeks between doses.
- A healthcare provider's diagnosis or verification of varicella or herpes zoster.
- Laboratory evidence of immunity or laboratory confirmation of the disease
- Birth in the United States before 1980

- Parental history of varicella is no longer accepted.

*Q: Is documentation of varicella disease by a licensed nurse acceptable for school entry?*

A: Yes. A provider of immunization services may document history of varicella disease since they make the determination of whether or not to administer varicella vaccine based on the patient's vaccination or disease history.

*Q: What is a valid interval between doses of varicella vaccine?*

A: The ACIP schedule recommends the following:

- Children ages 1 through 12 years should have a 3-month minimum interval between dose 1 and dose 2. Therefore, students 12 years and younger should receive a second varicella dose 3 months after receiving the first dose.
- Students 13 years and older must have 28 days between doses.
- If the second dose is given 28 days after the first dose, ACIP does not recommend that the dose be repeated and should be counted as a valid dose.
- The 4-day grace period does not apply to the interval between live vaccines (i.e. between dose 1 and dose 2 of varicella).

#### **4 Day Grace Period**

*Q: Can vaccines be considered valid if doses are given less than the minimum interval?*

A: Vaccine doses administered  $\leq 4$  days before the minimum age or interval are considered valid. Doses of any vaccine administered  $\geq 5$  days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. Intervals between live vaccine doses (MMR, Varicella, Proquad, LAIV Influenza Vaccine) must be 28 days between doses, the 4-day grace period is not applicable.

#### **Other**

*Q: Who may sign the Kansas Certificate of Immunization (KCI)?*

A: The Kansas Statutes Related to School Immunizations states, "In each school year, every pupil enrolling or enrolled in any school for the first time in this state, and each child enrolled for the first time in a preschool or day care program operated by a school, and such other pupils as may be designated by the secretary, prior to admission to and attendance at school, shall present to the appropriate school board certification from a physician or local health department that the pupil has received such tests and inoculations as are deemed necessary by the secretary by such means as are approved by the secretary."

[http://www.kdheks.gov/immunize/download/Kansas\\_Statutes\\_Related\\_to\\_School\\_Immunizations.pdf](http://www.kdheks.gov/immunize/download/Kansas_Statutes_Related_to_School_Immunizations.pdf)

*Q: May a rubber stamp be used to authorize a medical exemption?*

A: No, the physician must review and authorize by a signature, the student's medical exemption. As stated in K.S.A.72-6262, a signature is required annually to validate the medical exemption. The reason for the exemption is not required.

*Q: Are there any vaccines that need to be repeated if the series was not previously completed?*

A: No, there are no vaccines that will need to have the series restarted. The child will need to receive the next dose.

\*This document does not represent all scenarios, please contact your Kansas Immunization Program Regional Immunization Consultant or the On-Call Consultant at (785) 296-5592 with any additional questions regarding vaccine scheduling questions or Kansas school requirements.