

# School Immunization Requirements 2016-2017 School Year FAQ's

## References

### Where can I access “need-to-know” information pertaining to the school immunization requirements?

All information pertaining to school immunization requirements can be found by accessing CHIRP. School personnel do not need a CHIRP user ID or login to access any of these materials.

1. Go to <https://chirp.in.gov/>
  2. Click on link for Document Center (top, center of page)
  3. Click on link (left-hand side) 2016-2017 School Immunization Requirements
  4. Open any files that are needed.
- You will find the answers to most of your questions posted to the Document Center.

## Requirements & Compliance

### 1. Are there any new **required** immunizations for the 2016-2017 school year?

No. The Hepatitis A requirement introduced in 2015-2016 has rolled up, and two appropriately administered doses of Hepatitis A vaccine are now required for kindergarten, first, and second grade students. All other requirements from 2015-2016 still apply.

### 2. Are there any **recommended** immunizations that are not required for school entry for the 2016-2017 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 3-12), three doses of Human Papillomavirus (HPV) vaccine for all adolescents and teens, and two or three doses of Serogroup B Meningococcal vaccine.

### 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

Mumps

Rubella

**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 5th 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. When a valid medical exemption form is received by the school, the school nurse must document this exemption in CHIRP.

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

A religious objection must state that the objection to immunization is based on religious grounds. 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. When a valid religious exemption is received by the school, the school nurse must document this exemption in CHIRP.

**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 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.

**21. 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.

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

For children entering preschool through 7<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 8-12, 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.***

**23. 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.

**24. 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.

**25. 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.

**26. 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**— All 6<sup>th</sup> grade students (IC 20-34-4-3). The HPV letter may be sent to parents or posted on the school's website.

All educational materials can be found in the CHIRP Document Center under the link for 2016-2017 School Immunization Requirements.

**27. Are schools required to collect the response form included with the Human Papillomavirus (HPV) infection educational materials?**

**No.** Schools are not required to collect HPV response forms from parents of sixth grade females as of July 1, 2015.

## ***CHIRP and Reporting***

**1. Who can request access to use CHIRP?**

School nurses, clinic office staff and school secretaries may request access to CHIRP as a school user. All non-licensed personnel require a nurses' signature on their user form in order to obtain full access which allows them to enter records into the registry. This ensures proper training on the system has taken place. Additional access may be granted at the discretion of the CHIRP helpdesk.

All school nurses and users should maintain active CHIRP access. To maintain an active account in the registry, each user must log into the system at least once every 90 days.

The CHIRP user forms can be found on the homepage: <https://chirp.in.gov/>. All school users need to complete the Individual User Agreement – School Nurse form.

**2. How do I request access to a new school in CHIRP?**

If you currently have access as a school user within the same school corporation, please call the CHIRP helpdesk at (888) 227-4439 to request access to additional schools.

School nurses are allowed to maintain two separate CHIRP accounts if they also work in a medical clinic that provides vaccinations. Nurses who are requesting access for a provider-based location must complete the Individual User Agreement for Medical Provider offices found on the CHIRP homepage.

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

IC 20-34-4-6 specifies that each school corporation submit student immunization records into CHIRP. Student records may be entered manually or through an electronic import into the registry. See FAQ below for more information pertaining to the electronic imports into CHIRP. Schools are not required to submit any reports to ISDH because the coverage rates are pulled from the data submitted to the registry.

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>

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

Per IC 20-34-4-6, schools are required to submit their data to CHIRP no later than the **first Friday in February** each year. ISDH will pull the records from CHIRP in March 2017. Schools still must review student records for completeness at the beginning of the school year, even if they can't immediately get them entered into CHIRP.

**5. How can my school submit student records electronically to CHIRP?**

CHIRP can no longer accept flat files from school-based systems. Schools that are interested in continuing immunization data imports must contact the CHIRP helpdesk by email ([chirp@isdh.in.gov](mailto:chirp@isdh.in.gov)) or telephone (888-227-4439).

**6. Should schools enter vaccine records for doses in CHIRP for the vaccines that are not required for school entry?**

It is not required for schools to enter records for the vaccines that are not required for school entry; however, it is very beneficial for students to have a complete record in the registry.

**7. 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.

**8. 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.

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

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

**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 2016-2017 school year. This roll-up occurs on **June 30** each year.

**11. How can I best track students who are out of compliance?**

The best way to track students is to run the School Action Report in CHIRP for your school. Students who are “due now” or “past due” will appear on this report. The report; however, will not catch students who are in process for completing a vaccination series and are not yet due for another dose of vaccine (i.e. waiting 6 months to receive hepatitis A dose #2).

Directions to run this report can be found in the School Nurse Training Guide posted to the CHIRP Document Center. See FAQ#1 for directions on how to access the CHIRP Document Center.

Please remember that only students who have been entered into CHIRP and assigned to your school will appear on the school action report.

**12. 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.

**13. Why do my 3<sup>rd</sup> grade students show a missing hepatitis A vaccine in the forecast? It's not required for their grade-level.**

CHIRP forecasting is based upon a child's age and not a child's grade level. Therefore, you may see students who are forecasting vaccines that may not be required for their grade level. For the hepatitis A vaccine, CHIRP is set-up in the school module to forecast this vaccine until the 9<sup>th</sup> birthday. Once a child turns 9 years of age, the hepatitis A will be removed from the forecasting. By forecasting the hepatitis A vaccine until the 9<sup>th</sup> birthday, we can assure all 2<sup>nd</sup> grade students who start the series will be forecasted to finish.

If you run the School Action Report by the Grade 2-5 series, you will notice that none of your 3<sup>rd</sup> grade students appear on the action report for the hepatitis A vaccine.

**14. I don't know the different CHIRP codes and am unsure of how to enter records into CHIRP.**

This reference packet contains a cheat sheet for most vaccines codes that school nurses will encounter while entering in records. Most vaccines have multiple products on the market from different manufacturers. If you are unable to determine the vaccine administered by the lot # or other information supplied on the records, please use the following:

Hepatitis B: Hep B—adol. or pediatric

DTaP: DTaP

Inactivated Polio Vaccine: IPV (used exclusively in U.S. after 2000)

Oral Polio Vaccine: OPV

Meningococcal Conjugate Vaccine: MCV4P

Tdap: Tdap

Hepatitis A: Hep A 2 dose – Ped/Adol

Measles, mumps, rubella: MMR  
Varicella: Varicella

**CHIRP Vaccine Code Cheat Sheet**  
*Includes only vaccines currently available*

<b>VACCINE</b>	<b>CVX Code</b>	<b>VACCINE TRADE NAME</b>
DTaP	CVX (20)	Infanrix
DTaP, 5 pertussis antigens	CVX (106)	DAPTACEL
<i>DTaP-Hib</i>	<i>CVX (50)</i>	<i>TriHiBit - historical records only</i>
DT (Pediatric)	CVX (28)	Generic
DTaP/Hep B/IPV	CVX (110)	Pediarix
DTaP/Hib/IPV	CVX (120)	Pentacel
DTaP/IPV	CVX (130)	KINRIX or Quadracel
HPV, bivalent	CVX (118)	Cervarix
HPV, quadrivalent	CVX (62)	Gardasil
HPV, 9-valent	CVX (165)	Gardasil9
Hep A 2 dose - Adult	CVX (52)	VAQTA or Havrix - Adult
Hep A 2 dose - Ped/Adol	CVX (83)	VAQTA or Havrix - Pediatric
Hep A/Hep B - Adult	CVX (104)	Twinrix
Hep B 2 dose - Adol/Adult	CVX (43)	Recombivax HB or Engerix-B
Hep B/Hib	CVX (51)	Comvax
Hepatitis B--adol. or pediatric	CVX (8)	Recombivax HB or Engerix-B - pediatric
Hepatitis B--adult	CVX (43)	Recombivax HB or Engerix-B - adult
Hib--PRP-OMP	CVX (49)	PedvaxHIB
Hib--PRP-T	CVX (48)	ActHIB or Hiberix
IPV	CVX (10)	IPOL
Influenza Vaccination Codes	CVX (140)	See Flu Cheat Sheet on CHIRP homepage
MMR	CVX (3)	MMR II
MMR/Varicella	CVX (94)	ProQuad
Mening. (MCV4O)	CVX (136)	Menveo
Mening. (MCV4P)	CVX (114)	Menactra
Meningococcal (MPSV4)	CVX (32)	Menomune A/C/Y/W-135
Meningococcal C/Y-HIB PRP	CVX (148)	Menhibrix
Meningococcal B, OMV	CVX (163)	Bexsero
Meningococcal B, Recombinant	CVX (162)	Trumenba
<i>Oral Polio Vaccine (OPV)</i>	<i>CVX (02)</i>	<i>Historical records only</i>
Pneumococcal(PCV13)	CVX (133)	Prevnar 13
Pneumococcal(PPSV)	CVX (33)	Pneumovax 23
Rotavirus, monovalent RV1	CVX (119)	Rotarix
Rotavirus, pentavalent RV5	CVX (116)	RotaTeq
Td (Adult)	CVX (9)	Generic
Td Adult, Preserv Free	CVX (113)	TENIVAC
Tdap	CVX (115)	Boostrix or Adacel
Tetanus Toxoid, absorbed	CVX (35)	Generic
Varicella	CVX (21)	Varivax
Zoster, live	CVX (121)	Zostavax