

Vaccine Catch-up Flowcharts and FAQs

For Schools, Child Care, and Preschool Programs

A Supplemental Resource to the Guides to Immunizations Required for Entry

July 2024



Introduction

The Vaccine Catch-up Flowcharts and FAQs is a visual companion piece to the <u>Arizona Guide to Immunizations Required for Entry for Grades K-12</u> and the <u>Arizona Guide to Immunizations Required for Entry for Child Care, Preschool, or Head Start facilities</u>. The purpose of the flowcharts is to assist school and child care staff working with student immunization records to understand Arizona school immunization requirements and the immunization schedule. The requirements and schedules are based on the Arizona statutes and rules and supplemented by the recommendations of the national <u>Advisory Committee on Immunization Practices (ACIP)</u>. These flowcharts have existed in various forms for several years and we have now consolidated them all in one easy-to-find and use format.

Requirements are listed by age group (Child Care, Schools K-12) and then in alphabetical order by vaccine. Additional flowcharts are available for reviewing records and the disease history review process. Each vaccine catch-up (minimum interval) flowchart shows the routine requirements, and then how to evaluate if a student has the vaccines they need based on age and/or the number of documented doses. In addition, Frequently Asked Questions (FAQs) are addressed at the end. We hope this serves as a one-stop resource for any vaccine minimum interval or catch-up scenarios you may encounter.

The <u>Bureau of Immunization Services</u> is aware of the problems that can occur when physicians do not immunize according to the Arizona School Immunization Requirements. The goal is to protect students from disease and to preserve the relationships between physicians, parents, and schools. It is our hope that there can be a harmonization of the ACIP and Arizona School Immunization Requirements in the future so that obstacles and conflicts are avoided. The process of changing state rules and statutes is rigorous and any changes to the existing school immunization requirements will take time.

For any questions or comments, please call or contact:

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Child Care, Preschool, and Head Start

Vaccine Flowcharts:
Minimum Interval/Catch-Up
Guidance



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Immunization Record Review Process: Child Care, Preschool, Head Start

New child enrolls in Child Care, Preschool, or Head Start Parent/Guardian provides school with Immunization Record* Child is in a minimum Complete/Up-to-date No vaccination record interval (in-between vaccination record: or incomplete doses) in a vaccine **Admit Child** vaccination record series Conditional admission Admit on conditional Provide dates met: admission. Set parent/guardian with **Admit Child Immunization** compliance date using **Immunization** Screening and Referral Form Screening and Referral Conditional admission Form dates NOT met **Exclude child from** Allow 15 calendar days No action or no Child Care, School or from enrollment response **Head Start** and/or notification for parents to provide documentation Parent/guardian provides complete NOTE: vaccination record or starts series: Attach immunization record(s) to child's Emergency Information and **Admit Child** Imm Record Card (EIIRC) and file. (see conditional admittance if series is *Valid medical or religious belief exemptions are required to utilize started but not up-to-date for age) the ADHS Exemption Forms



Disease History Review Process: Child Care, Preschool, Head Start, Grades K-12

Parent/guardian recall/verbal history of any disease is NOT accepted. Offer parent/guardian these options: Provide ADHS Medical Exemption Form*, Refer student for vaccination refer to healthcare provider for evaluation Student obtains vaccinations Serology **REQUIRED** for Serology or medical documentation history of chickenpox, acceptable for other diseases; provider will complete Medical Exemption measles, and rubella; can use for most other Form, sign records diseases Parent/guardian provides up-to-date Parent/guardian provides up-to-date vaccination documents: vaccination documents: Admit Student, Admit Student, document and complete records document and complete records Immune? Not Immune? Provider vaccinates student Provider (MD, DO, NP) signs Medical Exemption Form with lab results attached Parent/guardian provides exemption form and lab Parent/guardian provides up-to-date vaccination results to school: records to school: Admit Student, Admit Student, document and complete records document and complete records

Encourage parents to keep a copy of lab results and medical exemption form for their records.

^{*}A valid Personal (K-12) or Religious (Childcare/Preschool) Belief exemption on the ADHS form can be provided by a parent if they choose not to do a medical exemption form.

DTaP, Tdap, Td (Diphtheria, Tetanus, Pertussis) Child Care, Preschool, Head Start

- DTaP dose 1 is required at 2 months of age
- DTaP dose 2 is required at 4 months of age
- DTaP dose 3 is required at 6 months of age
- DTaP dose 4 is required at 15 months of age

Catch-up schedule for children who lack required doses

If child is 4 months If child is 6 months If child is 15 If child is 2 months or older and has or older and has months or older or older and has had 1 dose of DTaP had 2 doses of and has had 3 had no doses of DTaP doses of DTaP DTaP Needs DTaP dose 3 Needs DTaP dose 2 Needs DTaP dose 1 Needs DTaP dose 4 at least 4 weeks at least 4 weeks within 15 days of at least 6 months after DTaP dose 1 after DTaP dose 2 after DTaP dose 3 entry into any child was given was given care setting was given

NOTE:

- A child may receive a dose of DTaP at/or after 4 years of age; although not required for attendance in child care/preschool, this dose is usually given in preparation for attendance in kindergarten
- Minimum age for final dose (# 4 or #5) is 4 years of age and at least 6 months since previous dose

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Hepatitis A Child Care, Preschool, HeadStart

- Hep A dose 1 is required at 12 months of age
- Hep A dose 2 is required at 18 months of age
- Required in Maricopa County but recommended for all counties

Catch-up schedule for children who lack required doses Does the child have 1 dose of Hep A? No Yes Child needs Hep A dose 1 within Was the Hep A dose given more 15 days of entry into any child than 4 days before the child's 1st care setting birthday? No Yes Child needs Hep A dose 2 at least Hep A dose is not valid and 6 months after Hep A dose 1 another dose is REQUIRED. given The additional should be given no sooner than 6 months the invalid dose (or at least 6 months after the previous valid dose was administered).

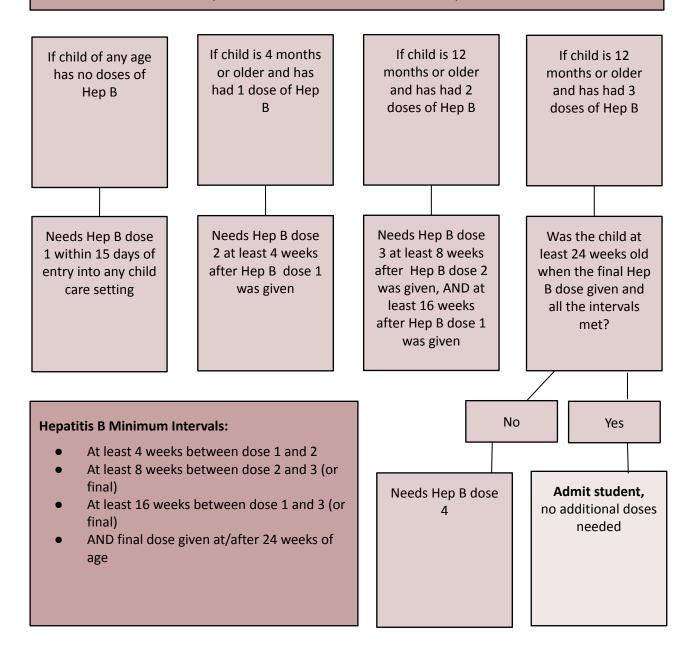
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Hepatitis B Child Care, Preschool, Head Start

- Hep B dose 1 is required at 2 months of age
- Hep B dose 2 is required at 4 months of age
- Hep B dose 3 is required by 12 months of age

Catch-Up Schedule for Children Who Lack Required doses



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Hib (Haemophilus influenzae type b) Child Care, Preschool, Head Start

- Hib dose 1 is required at 2 months of age
- Hib dose 2 is required at 4 months of age
- Hib dose 3 is required at 6 months of age*
- Hib dose 4 is required at 12-15 months of age
- A Hib dose at/after 12 months of age is required for all children under 5 years of age
- If PedvaxHib is used for both dose 1 and 2, then dose 3 is due at 12-15 months of age and completes the series.
- Children 7-11 months of age should have received at least 2 doses. If no Hib doses have been received they need 2 doses at least 8 weeks apart.

Children 12-14 months of age should have received at least 2-3 doses			
# Doses at <12 months	# Doses at 12 – 14 months	Status and catch-up schedule	
2 or more	1	Complete - No additional doses needed	
2 or more	0	Needs 1 dose at least 8 weeks after previous dose	
1	1	Needs dose 3 at least 8 weeks after dose 2	
1	0	Needs dose 2 at least 4 weeks after dose 1 and dose 3 at least 8 weeks after dose 2	
0	2	Complete if there are at least 8 weeks between doses	
0	1	Needs dose 2 at least 8 weeks after previous dose	
0	0	Needs dose 1 now and dose 2 at least 8 weeks later	

NOTE:

Status and catch-up for age 15 months and older on next page



Hib (Haemophilus influenzae type b) Child Care, Preschool, Head Start (Continued)

- Children **15-59 months** of age should have received at least 3-4 doses
- If no Hib doses have been received, 1 dose is required at/after 15 months of age for the first/only dose

Catch-up Schedule for Children 15 Months or Older				
# Doses at <12 months	# Doses at 12–14 months	# Doses at 15-59 months	Status	
2 or more	1	1	Complete - No additional doses needed	
2 or more	1	0	Complete - No additional doses needed	
2 or more	0	1	Complete - No additional doses needed	
2 or more	0	0	Needs 1 dose, then complete	
1	1	1	Complete - No additional doses needed	
1	0	1	Complete - No additional doses needed	
1	1	0	Needs 1 dose at least 8 weeks after previous dose, then complete	
1	0	0	Needs 1 dose at least 8 weeks after previous dose, then complete	
0	2	0	Complete if there are at least 8 weeks between doses	
0	1	1	Complete - No additional doses needed	
0	1	0	Needs 1 dose at least 8 weeks after previous dose, then complete	
0	0	1	Complete - No additional doses needed	
0	0	0	Needs 1 dose, then complete	



MMR (Measles, Mumps, Rubella) Child Care, Preschool, HeadStart

- MMR dose 1 is required at 12 months of age
- MMR dose given more than 4 days before the child's 1st birthday is not valid and must be repeated at least 4 weeks after invalid dose was given

Catch-up Schedule for Children Who Lack Required Doses Child is 12 months or older and has no doses of MMR Child is 12 months at 1 dose of has 1 dose of h

Does the child have a history of measles or rubella disease?

Child is 12 months or older and has 1 dose of MMR, given when child was at least 12 months of age

STOP!
The child is **compliant**.
No additional doses needed until kindergarten entry

STOP! The child is **compliant**. No additional doses needed until kindergarten entry

Yes

No

STOP!
The child is **compliant**.
No additional doses needed until kindergarten entry

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NOTE:

- MMR and Varicella doses must be given on the same day OR separated by at least 28 days
- If a child receives an MMR due to travel prior to 4 days before the 1st birthday, the 12-month dose needs to be repeated

Polio Child Care, Preschool, Head Start

- Polio dose 1 is required at 2 months of age
- Polio dose 2 is required at 4 months of age
- Polio dose 3 is required at 12 months of age

Catch-up Schedule for Children Who Lack Required Doses

If child is 2 months or older and has no doses of polio

Needs polio dose 1 within 15 days of entry into any child care setting If child is 4 months or older and only has 1 dose of polio

Needs polio dose 2 at least 4 weeks after polio dose 1 was given If child is 12 months or older and only has 2 doses of polio

Needs polio dose 3 at least 4 weeks after polio dose 2 was given

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NOTE:

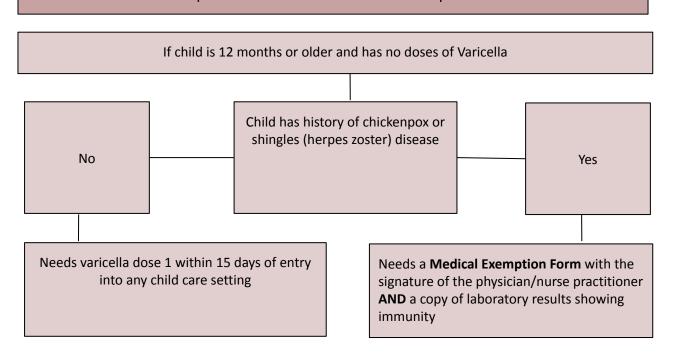
- Bivalent and monovalent oral poliomyelitis vaccines do not meet these immunization requirements
- Any oral poliomyelitis vaccine received before April 2016 is assumed to be trivalent oral poliomyelitis vaccine, unless otherwise specified, and will satisfy immunization requirements

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Varicella (Chickenpox) Child Care, Preschool, HeadStart

- Varicella dose 1 is required at 12 months of age
- Varicella dose given more than 4 days before the child's 1st birthday is not valid and must be repeated at least 4 weeks after invalid dose was given

Catch-up Schedule for Children Who Lack Required Doses



NOTE:

Varicella and MMR doses must be given on the same day OR separated by at least 28 days

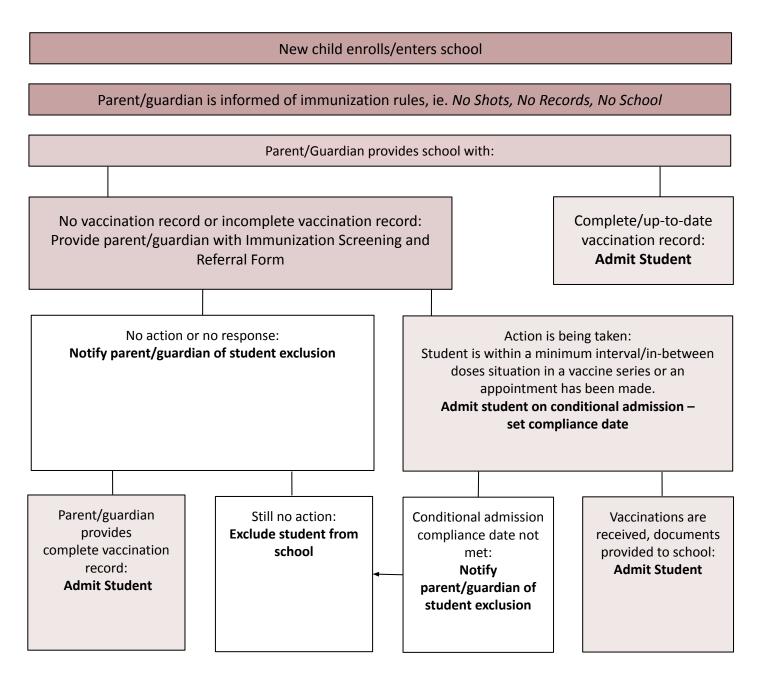


Schools K-12

Vaccine Flowcharts: Minimum Interval/Catch-Up Guidance

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Immunization Record Review Process: K-12

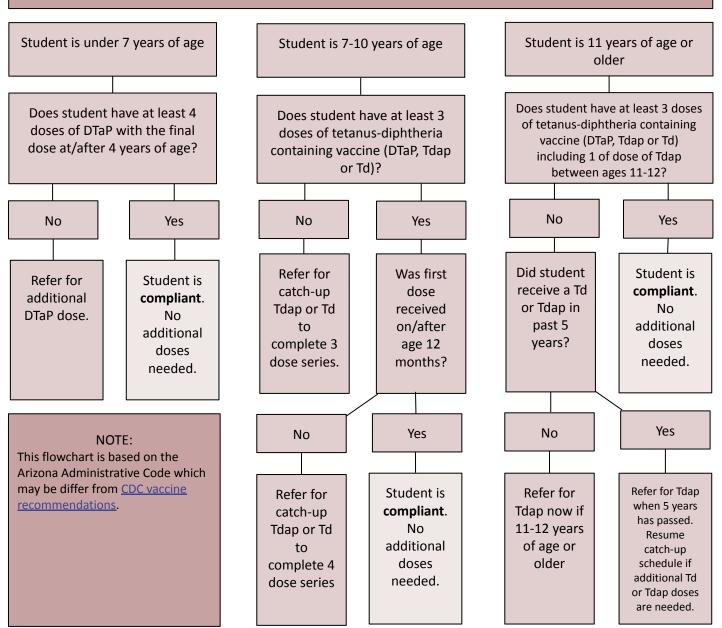




DTaP, Tdap, Td (Diphtheria, Tetanus, Pertussis) - page 1 of 2 Grades K-12

- For students under 7 years of age, 4 to 5 doses of DTaP are required for entry into kindergarten
- For students 7 through 10 years of age, 3 to 4 doses of tetanus-diphtheria-pertussis containing vaccines are needed for the minimum series
- Additionally, students 11 and older are to required to receive 1 dose of Tdap by their 12th birthday as part of the requirement of at least 3 tetanus-containing doses

Catch-up Schedule for Children Who Lack Required Doses

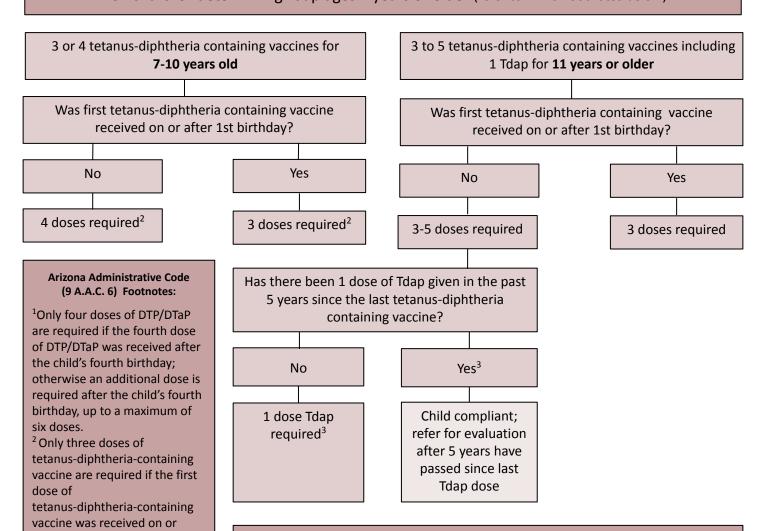


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DTaP, Tdap, Td (Diphtheria, Tetanus, Pertussis) - page 2 of 2 Grades K-12

Flowchart for determining Tdap ages 7 years or older (refer to A.A.C. footnotes below)



NOTE:

- A Tdap given at age 7-9 years of age does not count for the 11-12-year-old Tdap requirement; a Tdap should be given once 5 years has passed since the last dose of tetanus-diphtheria containing vaccines was given.
- Retrospectively, if a child received a Tdap at age 10 as part of a catch-up series, or inadvertently earlier than the recommended age of 11-12, the dose may be counted as the adolescent dose and is acceptable to meet school requirements.
- Once a valid adolescent Tdap dose has been received, a tetanus booster is recommended when 10 years has passed since last dose of tetanus-containing vaccine.

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after the child's first birthday;

otherwise four are required.

³One dose of Tdap is required if

five years have passed since the

date of the child's last dose of

tetanus-diphtheria-containing

vaccine and the child has not

tetanus-diphtheria-containing

been administered within the

received Tdap. At least one

vaccine is required to have

previous 10 years.

dose of a

602-364-3630



Hepatitis B Grades K-12

• 3 doses of Hepatitis B are required for entry into Kindergarten and for all grades K-12

Catch-up Schedule for Children Who Lack Required Doses

Student has no doses of Hep B

Student has 3 doses but one or more of the minimum intervals or age at final dose was not met

Refer for Hep B dose 1, follow minimum intervals for subsequent doses

Refer for additional dose (see note below)

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Hepatitis B Minimum Intervals:

- At least 4 weeks between dose 1 and 2
- At least 8 weeks between dose 2 and 3 (or final)
- At least 16 weeks between dose 1 and 3 (or final)
- AND final dose given at/after 24 weeks of age

NOTE:

Providers may say the student is clinically immune based on serology or disease and not give additional doses. In this case:

• Complete Medical Exemption form, attach lab results to form for parent to return to school

If serologic documentation is not available:

- Refer parent to county health department for vaccination
- Parent may elect to sign Personal Beliefs Exemption form for Hepatitis B



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MMR (Measles, Mumps, Rubella) Grades K-12

- 2 doses of MMR required for kindergarten entry and for all grades K-12
- MMR dose given more than 4 days before the child's 1st birthday is not valid. If student does not have two valid MMR doses, refer for an additional dose.

Catch-up Schedule for Children Who Lack Required Doses

Student has no documentation of MMR doses Student has documentation of only 1 MMR dose Student has history of measles or rubella disease Refer for dose 2 MMR Dose 2 no sooner than 4 weeks after dose 1 No Yes Refer for dose 1 MMR Needs a **Medical** NOTE: **Exemption Form** with MMR and Varicella doses must be given on Dose 2 no sooner the signature of the than 4 weeks after the same day OR separated by at least 28 physician/nurse dose 1 practitioner If a child receives an MMR due to travel AND prior to 4 days before the 1st birthday, the a copy of laboratory 12-month dose needs to be repeated results showing immunity



Meningococcal (MenACWY or MenABCWY) Grades K-12

 1 dose of quadrivalent (MenACWY) or pentavalent (MenABCWY) meningococcal vaccine is required for all students when they turn 11 years of age

Catch-up Schedule for Children Who Lack Required Doses

Student is 11 or older and has no dose of MenACWY or MenABCWY

Refer for dose of MenACWY or MenABCWY now Student has a dose of meningococcal on their record but it is not MenACWY or MenABCWY

Refer for dose of MenACWY or MenABCWY now Student has a dose of MenACWY or MenABCWY in record but given at age 9 or earlier

Does not count for school requirements. Refer for adolescent MenACWY or MenABCWY now

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NOTE:

- A dose of MenACWY or MenABCWY administered at age 10 will count for school requirements. No additional dose needed for school entry.
- A meningococcal dose of Men A, B, C, or Men C/Y is not acceptable. Refer for MenACWY or MenABCWY.

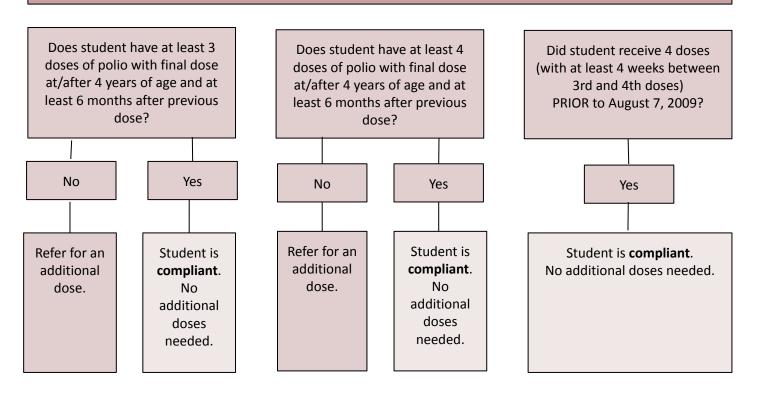


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Polio Grades K-12

- 3-4 doses of polio required for entry into Kindergarten and for all grades K-12
- Final dose must be at/after 4 years of age and at least 6 months after previous dose

Catch-up Schedule for Children Who Lack Required Doses



NOTE:

- Parents who do not want their child to receive an additional dose may consider verifying immunity by serology (Medical Exemption Form required)
- Bivalent and monovalent oral poliomyelitis vaccines do not meet these immunization requirements
- An oral poliomyelitis vaccine received before April 2016 is assumed to be a trivalent oral poliomyelitis vaccine, unless otherwise specified, and does satisfy immunization requirements

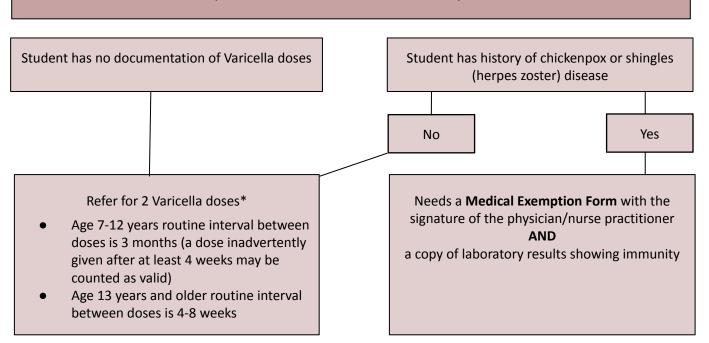


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Varicella (Chickenpox) Grades K-12

- 1 dose of Varicella is required for entry into Kindergarten and all grades K-12
- Varicella dose given more than 4 days before the child's 1st birthday is not valid and must be repeated at least 4 weeks after invalid dose was given

Catch-up Schedule for Children Who Lack Required Doses



NOTE:

Varicella and MMR doses must be given on the same day OR separated by at least 28 days *The State of Arizona requires 1 dose of Varicella for school attendance; CDC recommends 2 doses



Frequently Asked Questions (FAQs)

School and Child Care Immunization Requirements



Frequently Asked Questions

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Review the <u>Arizona Immunization Handbook for Schools and Child Care Programs</u> and our Guides to Immunizations Required for School Entry (<u>K-12</u> or <u>Child Care</u>) for more detailed information.

DTaP/Tdap/Td

Question: At what age is a Tdap (tetanus/diphtheria/pertussis) vaccine required to attend school?

• Answer: One dose of Tdap is required for all students 11 years and older, regardless of grade, unless they have received a dose of Td, Tdap, or DTaP in the last 5 years. The requirement applies from age 11 to age 12. At 12 years old, students should be excluded if the student has not met the requirement. If a student receives a Tdap at age 10 the dose will count for the 11-12 year-old requirement.

Question: Why do some 7-10 year-old students already have a Tdap vaccine?

• Answer: The Advisory Committee on Immunization Practice (ACIP) recommends that a person aged 7 years and older who was not fully immunized with (3-4 doses) of DTaP vaccine (before age 7) should receive Tdap as one of the doses (preferably the first) in the catch-up series. The use of DTaP in children over age 7 is not licensed, so when students are referred for an appropriate catch-up dose at an older age, the provider should give them a Tdap or Td vaccine. For school purposes, a student who receives a Tdap or Td between ages 7-9 should receive a Tdap dose when 5 years have passed. A student receiving a Tdap at age 8 would not need to be vaccinated again until 13 to be compliant. You use the most recent vaccination and date as a reference point.

Question: Should I refer a student between the ages of 7 and 10 years of age to get a Tdap to meet the 11-year-old requirement?

• Answer: No. For school purposes, you should only refer a 7-10-year-old for this vaccine if they need a dose to catch up with the diphtheria, tetanus, and pertussis series. Students younger than 11 should not be referred for their 11-year-old Tdap. When notifying parents of students who will turn 11 soon, make sure to indicate that they are required to get the vaccine by their 12th birthday.

Question: If a student receives an inadvertent dose of DTaP after age 7, how should we count that?

• Answer: There are times when DTaP may have been mistakenly administered to a child 7 years or older (remember that DTaP is only licensed for children through 6 years of age), but the dose is considered valid according to ACIP. Arizona school rules state that if Tdap has not been previously given, 1 dose of Tdap is required when at least 5 years have passed since the student's last tetanus-containing vaccine was given. For example: the child received a DTaP when they were 8 years of age. They should be referred for a Tdap when they reach 13 years of age (if they have not already received an adolescent Tdap dose at age 11 from their provider).



Frequently Asked Questions

DTaP/Tdap/Td (continued)

Question: Sometimes I get a record that states the child received a Td instead, but was the right age for a Tdap. What can I do to verify which vaccine was actually given?

• Answer: If possible, contact the provider's office to verify which vaccine was given. Very often Tdap is actually given, but the provider writes Td or puts it in a space that only has Td identified on the form. If necessary, ask the provider if they could send you an updated copy of the immunization record with the corrected information. You may also be able to identify what was actually given through the ASIIS record, or contact your county health department Immunization Program or the Arizona Department of Health Services Bureau of Immunization Services and ask to speak to a clinical nurse who can help you decipher which vaccine was actually administered.

Question: If the student did indeed receive a Td instead of a Tdap, do they need the Tdap?

• Answer: According to school rules, since the child has now received a Td, they are compliant with the school requirement of having had a dose of tetanus-diphtheria containing vaccine within the past 5 years. However, since Td does not contain the pertussis component, it provides no protection against whooping cough disease. School health staff can recommend that the child return to the provider and receive the Tdap vaccine, which can be given at any time as there is no minimum interval requirement. If the parent chooses not to do this, then the student should be referred to receive a Tdap when 5 years has passed since the Td dose.

Hepatitis B

Question: Sometimes, I see records where a child has received 4 doses of hepatitis B. Why does This happen and how do I interpret the doses/dates?

• Answer: Some children who are vaccinated with a combination vaccine (DTaP, IPV, HepB) may receive a hepatitis B dose at 4 months of age. This dose does not complete the hepatitis B series but is considered a valid, but inadvertent dose. A dose at 24 weeks or older and which meets all minimum intervals is still required.

Meningococcal

- **Question:** What type of meningococcal vaccine is required for school?
 - Answer: All students 11 years or older must have proof of one dose of quadrivalent meningococcal ACWY or pentavalent meningococcal ABCWY vaccine, regardless of grade. Students have the entirety of age 11 to get the vaccine and should not be removed until age 12. A booster dose of MenACWY or MenABCWY is recommended at 16 years of age.

Some older records may show that a student received <u>Menomune</u>. This meningococcal polysaccharide vaccine is a quadrivalent vaccine but production of this vaccine was discontinued in February 2017. Students who have documentation of receiving this vaccine will meet the school requirements.

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ARIZONA DEPARTMENT OF HEALTH SERVICES

Frequently Asked Questions

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Meningococcal (continued)

Question: Sometimes an immunization record will show that the student received a different meningococcal vaccine such as MenC, MenA/C, or MenB. Would any of these vaccines count for school requirements?

Answer: No. Arizona school requirements state that the meningococcal vaccine must be
a quadrivalent MenACWY or pentavalent MenABCWY vaccine. In the U.S. only the
quadrivalent or pentavalent vaccine is routinely administered, but in some other
countries (Canada, Great Britain, Australia, etc.) children receive single-antigen
meningococcal vaccines when young. If a student record shows prior vaccination with a
single or bivalent meningococcal vaccine, refer them for the required MenACWY or
MenABCWY vaccine.

MMR

Question: Sometimes I see a student record where they have received a dose of MMR earlier than 1 year of age. How do I interpret these records?

Answer: In time of a measles outbreak or if a child/family is traveling to a country where
there is endemic measles, MMR may be given as early as 6 months of age to provide
some protection against the disease, but it is not a valid dose.

All Arizona K-12 students are required to have 2 valid doses of MMR (measles, mumps, and rubella) and the earliest valid dose is at 12 months of age. In the event that you see a record with a dose administered prior to 1 year of age (and beyond the 4-day grace period), that dose is not a valid dose. The student needs to have a valid dose at or after 1 year of age. The next dose is normally given when a child turns 4 years of age but may be given as soon as 28 days after the first valid dose.

Question: Sometimes records from other countries will show 1 MMR and a separate measles, or mumps, or rubella vaccine. What do I do in these cases?

Answer: There are no single antigen vaccines for measles, mumps, and rubella available
in the U.S. Only MMR and MMRV vaccines are available. Students from other countries
may receive single antigen measles, mumps, or rubella or a combination of 1 MMR and
then a single dose of one of the single antigens. These students will require an additional
dose(s) of MMR to meet Arizona school requirements.

<u>Polio</u>

Question: What is the polio vaccine requirement for Arizona school students?

• Answer: Four doses meet the requirement for school entry if the final dose is given at 4 years of age or older and at least 6 months after dose 3. Three doses meet the requirement if the 3rd dose was received at 4 years of age or older and at least 6 months after the 2nd dose.



Frequently Asked Questions

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Polio (continued)

Question: Sometimes I find a record, usually in an older child, where they received 4 polio doses before their 4th birthday. What do I do in these cases?

• Answer: The Advisory Committee on Immunization Practices updated polio recommendations on August 7, 2009. Students who received 4 doses before the 4th birthday (with at least 4 weeks minimum intervals between doses) PRIOR to August 7, 2009 meet the requirement and do not need to be referred for an additional dose. These types of records usually occur with older students and will eventually phase out as students matriculate and graduate. Schools are NOT required to do a retrospective review of all students currently enrolled. If schools find a currently enrolled student does not meet the school requirements, follow-up with the family to get additional IPV doses if needed.

Question: Sometimes I see IPV and OPV marked on records. What is the difference and which ones are valid?

Answer: IPV stands for Inactivated Polio Vaccine (non-live) and OPV stands for Oral Polio Vaccine (which is live). The United States only uses IPV for polio vaccination. Students coming from a country outside the United States may have gotten OPV. Only OPV (trivalent) administered before April 1, 2016 can be counted as a valid dose in the series. Schools are NOT required to do a retrospective review of all students currently enrolled. If schools find a currently enrolled student with an invalid OPV follow-up with the family to get additional IPV doses if needed.