

# 2022-2023 MISSOURI SCHOOL IMMUNIZATION REQUIREMENTS

- All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.
- The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period. Students in all grade levels may receive immunizations up to four days before the due date.
- Missouri-required immunizations should be administered according to the current ACIP schedule, including all spacing, (CDC.Gov/vaccines/schedules).
- To remain in school, students “in progress” must have an Immunizations In Progress form (Imm.P.14) on file. In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)
- Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption form must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine preventable diseases occur.

Vaccines	Dose Required by Grade												
	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT <sup>1</sup>	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+
Tdap <sup>2</sup>									1	1	1	1	1
MCV <sup>3</sup> (Meningococcal Conjugate)									1	1	1	1	2
IPV (Polio) <sup>4</sup>	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
MMR <sup>5</sup>	2	2	2	2	2	2	2	2	2	2	2	2	2
Hepatitis B <sup>6</sup>	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
Varicella <sup>7</sup>	2	2	2	2	2	2	2	2	2	2	2	2	2

1. Last dose on or after the fourth birthday and the last dose of pediatric pertussis before the seventh birthday.  
Maximum needed: six doses.
2. 8-12 Grades: Tdap, which contains pertussis vaccine, is required.
3. Grade 8-11: One dose of MCV is required. Dose must be given after 10 years of age.  
Grade 12: Two doses of MCV are required unless the first dose was administered to a student who was 16 years of age or older, in which case only one dose is required. At least one dose must be given after 16 years of age.
4. Kindergarten-12 Grade: Last dose must be administered on or after the fourth birthday. The interval between the next-to-last and last dose should be at least six months.
5. First dose must be given on or after twelve months of age.
6. There must be at least four weeks between dose one and two; at least 8 weeks between dose two and three; at least 16 weeks between doses one and three and final dose must be given no earlier than 24 weeks of age.
7. First dose must be given on or after twelve months of age.

Kindergarten-12 Grade: As satisfactory evidence of disease, a licensed health care provider may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.

# CHILDREN IN PROGRESS

## WHAT YOU NEED TO KNOW IF YOUR CHILD IS IN THE PROCESS OF BEING IMMUNIZED

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Immunizations are the best protection against serious diseases. Vaccines are safe and effective and were developed to protect individuals from dangerous and sometimes deadly diseases.

Unfortunately, some children fall behind in getting their age-specific immunizations required for child care and school attendance.

According to Missouri regulation, children who have not received immunizations required for child care and school attendance cannot attend until their immunizations are up to date. However, a child is allowed to attend if the required immunization series has begun and an appointment for the next dose is scheduled. This immunization appointment must be documented on an Immunizations In Progress form and filed with the child care facility or school.

The appointment must be kept and an updated immunization record must be provided to the child care facility or school. If the appointment is not kept, the child is no longer in progress, is non-compliant and cannot attend child care or school.

The Immunizations In Progress form can be obtained for printing by clicking the button below. The in progress form must be signed by a physician, public health nurse or designee and filed with the school administrator or child care center.

## IMMUNIZATIONS MAY SAVE YOUR CHILD'S LIFE!

**CLICK HERE**  
to continue to the  
exemption form



MISSOURI DEPARTMENT OF  
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# RELIGIOUS EXEMPTION

## WHAT PARENTS NEED TO KNOW

Immunizations are the best protection against serious diseases. Vaccines are safe and effective and were developed to protect individuals from dangerous and sometimes deadly diseases.

Choosing not to immunize a child greatly increases the risk of getting serious diseases like pertussis, measles, mumps and chickenpox that can cause severe complications such as heart failure; difficulty breathing and swallowing; brain damage; and deafness.

Children who are not immunized can transmit vaccine-preventable diseases throughout the community to babies who are too young to be fully immunized or to others who cannot be immunized for medical reasons. Exposure to any vaccine-preventable disease could be life threatening.

Actively choosing not to immunize a child by claiming a religious exemption is a parent's right; however, it carries significant responsibility. To protect inadequately vaccinated individuals and the entire community, unimmunized children could be excluded from school during disease outbreaks. Exclusion from care can cause a hardship for the child and parent, however no exceptions are made, regardless of the circumstances.

Claiming a religious exemption represents a parent or guardian's belief that the family's religious preference does not support immunizing against vaccine-preventable diseases.

A religious exemption can be filed for selected required vaccines or for all required vaccines. Parents and guardians should indicate which required vaccines are being exempted from on the Religious Immunization Exemption form. A Religious Immunization Exemption form can be obtained for printing by clicking the button below. The exemption must be completed, signed by the parent or guardian and placed on file with the school immunization health record.

It is unlawful for any child to attend school unless the child has been adequately immunized or unless the parent or guardian has signed and filed a Religious Immunization Exemption form.

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# MEDICAL EXEMPTION

## WHAT YOU NEED TO KNOW

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Immunizations are the best protection against serious diseases. Vaccines are safe and effective and were developed to protect individuals from dangerous and sometimes deadly diseases.

However, some children cannot be immunized for medical reasons. Claiming a medical exemption represents a physician's determination that the child is allergic to some immunization components, has an immune deficiency or has an illness such as cancer.

Unimmunized children are at greater risk of exposure to vaccine-preventable diseases, some of which can be life-threatening. To protect those who cannot be vaccinated and the entire community, unimmunized children could be excluded from school and child care during disease outbreaks. Exclusion from care can cause a hardship for the child and parent, however no exceptions are made, regardless of the circumstances.

A student shall be exempted from one or more of the immunization requirements, upon signed certification by a licensed doctor of medicine (MD), doctor of osteopathy (DO), or his or her designee indicating that either the immunization would seriously endanger the student's health or life, or the student has documentation of disease or laboratory evidence of immunity to the disease.

The Medical Immunization Exemption form can be obtained for printing by clicking the button below. The form must be placed on file with the school immunization health record or child care facility.

## IMMUNIZATIONS MAY SAVE YOUR CHILD'S LIFE!

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# Hepatitis B Spacing

To be considered valid doses in the hepatitis B series, the following must be met:

- At least 4 weeks between doses 1 and 2
- At least 8 weeks between doses 2 and 3
- At least 16 weeks between doses 1 and 3
- The child must be at least 24 weeks of age



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**2021-2022 SUMMARY REPORT OF IMMUNIZATION STATUS OF  
 MISSOURI PUBLIC, PRIVATE, PAROCHIAL AND PARISH SCHOOL CHILDREN**

By **OCTOBER 15, 2021** this completed CD-31 form must be forwarded to:  
 Missouri Department of Health and Senior Services  
 Bureau of Immunizations  
 P.O. Box 570  
 Jefferson City, MO 65102-0570  
 Fax: (573) 526-0238

School Name and Address:

Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Email Address: \_\_\_\_\_

School Code: \_\_\_\_\_ County: \_\_\_\_\_

Prepared by: \_\_\_\_\_  
 Medical Professional  
 Other

Date: \_\_\_\_\_ Approved By (Superintendent or School Administrator): \_\_\_\_\_

Have received immunization record review training?  Yes  No

2021-2022	Grade Level												
	K	1	2	3	4	5	6	7	8	9	10	11	12
<b>TOTAL NUMBER OF STUDENTS ENROLLED</b>													
<b>DTAP/DT/TD</b>	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses
Students fully immunized													
Students in progress (See ACIP Schedule)													
Students with medical exemption													
Students with religious exemption													
Students noncompliant with immunization records													
Students with no immunization records													
<b>TDAP</b>									1 dose	1 dose	1 dose	1 dose	1 dose
Students fully immunized													
Students with medical exemption													
Students with religious exemption													
Students noncompliant with immunization records													
Students with no immunization records													
<b>MCV</b>									1 dose	1 dose	1 dose	1 dose	1 or 2 doses
Students fully immunized													
Students with medical exemption													
Students with religious exemption													
Students noncompliant with immunization records													
Students with no immunization records													
<b>POLIO</b>	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses
Students fully immunized													
Students in progress (See ACIP Schedule)													
Students with medical exemption													
Students with religious exemption													
Students noncompliant with immunization records													
Students with no immunization records													
<b>MMR (MEASLES, MUMPS, RUBELLA)</b>	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses
Students fully immunized													
Students in progress (See ACIP Schedule)													
Students with medical exemption													
Students with religious exemption													
Students noncompliant with immunization records													
Students with no immunization records													
<b>HEPATITIS B</b>	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses
Students fully immunized													
Students in progress (See ACIP Schedule)													
Students with medical exemption													
Students with religious exemption													
Students noncompliant with immunization records													
Students with no immunization records													
<b>VARICELLA</b>	2 dose	2 dose	2 dose	2 dose	2 dose	2 dose	2 dose	2 dose	2 dose	2 dose	2 dose	2 dose	1 dose
Students fully immunized													
Students in progress (See ACIP Schedule)													
Students with proof of disease													
Students with medical exemption													
Students with religious exemption													
Students noncompliant with immunization records													
Students with no immunization records													
<b>Total children with medical exemptions</b>													
<b>Total children with religious exemptions</b>													



# Completing the *Summary Report of Immunization Status of Missouri Public, Private, Parochial and Parish School Children*

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1. Ensure the name of the school or school system and address on the top portion of the form are correct. If not, make corrections on the label.
2. Enter the phone number and email address of the individual preparing the form.
3. Enter name in the “Prepared by” and check the box for “Medical Professional” or “Other” and indicate by checking the “Yes/No” if preparer has received immunization record review training.
4. For **each grade**, enter the current enrollment.
5. For **each grade** and **each required immunization** enter the following:
  - The number of students fully immunized.
  - The number of students in progress to complete immunization series. (**In progress means student is waiting to complete the series, but is not eligible to receive vaccine due to timeframe between doses**).

## **An Immunizations In Progress form (Imm.P.14) must be on file.**

- The number of students with proof of disease, for varicella only.
  - The number of students with a **Medical Immunization Exemption** form (Imm.P.12) on file.
  - The number of students with a **Religious Immunization Exemption** form (Imm.P.11A) on file.
  - The number of students who do not have all immunizations required for their grade level, but have an immunization record.
  - The number of students who do not have an immunization record.
  - The total number of children with medical exemptions.
  - The total number of children with religious exemptions.
6. Enter date and obtain the necessary signature and send to the Missouri Department of Health and Senior Services, Bureau of Immunizations, P.O. Box 570, Jefferson City, MO 65102, by October 15.



# Find Your Local Public Health Agency

Go to: <http://health.mo.gov/living/lpha/lphas.php>



Gov. Eric Greitens

Missouri DHSS Department of Health and Senior Services

Health & Senior Services

Search Health Search

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### Center for Local Public Health Services

Missouri Department of Health and Senior Services

PO Box 570

Jefferson City, MO 65102-0570

Phone: 573-751-6170

Fax: 573-751-5350

Email: [CLPHS1@health.mo.gov](mailto:CLPHS1@health.mo.gov)

# INFORMATION FOR PARENTS

# VACCINES FOR CHILDREN

## GET HELP PAYING FOR YOUR CHILD'S VACCINES!

<p><b>What is the Vaccines for Children Program?</b></p>	<p>The Vaccines for Children program is funded by the Centers for Disease Control and Prevention and provides free vaccines to children who qualify.</p> <p>The Vaccines for Children program is designed to help protect all children against vaccine-preventable diseases. Unfortunately, many children are not vaccinated because their parents either do not have health insurance or their health insurance does not cover vaccines.</p>
<p><b>How does my child qualify?</b></p>	<p>Children are eligible to receive free vaccines before their 19th birthday who:</p> <ul style="list-style-type: none"> <li>• are Medicaid-eligible;</li> <li>• do not have health insurance;</li> <li>• are an American Indian or Alaskan Native; or</li> <li>• are underinsured.</li> </ul>
<p><b>How do I know if I am underinsured?</b></p>	<p>Underinsured is when a child has health insurance, but the plan:</p> <ul style="list-style-type: none"> <li>• does not provide vaccine coverage;</li> <li>• does not cover certain vaccines; or</li> <li>• does cover vaccines, but has a fixed dollar limit or cap for vaccines.</li> </ul> <p>Underinsured does not include those with an unmet deductible or who are unable to pay the deductible.</p>
<p><b>How much will I have to pay?</b></p>	<p>All vaccines are free through the Vaccines for Children program. However, parents may be charged a small fee by the doctor's office for an office visit and each immunization.</p> <p>Talk to your doctor if you are unable to pay the fee.</p>
<p><b>Where can I get my child vaccinated?</b></p>	<p>The best place to take your child depends on where you live and your child's eligibility for the Vaccines for Children program.</p> <p>If your child's doctor isn't a Vaccines for Children provider, take your child to the Local Health Department, a Federally Qualified Health Center or a Rural Health Clinic.</p> <p>If your child is underinsured, you may receive Vaccines for Children vaccines at a deputized Local Public Health Department or a Federally Qualified Health Center or Rural Health Clinic. Contact your Local Public Health Department to find out if they are a deputized provider.</p>

**For more information about Missouri's Vaccines for Children program, visit [www.health.mo.gov/immunizations](http://www.health.mo.gov/immunizations) or call 800.219.3224.**



# ShowMeVax

- Web-based immunization registry;
- Accessible from multiple browsers (Best in Google Chrome); and
- Read-only access available to check immunization records for enrolled students.

For more information:

- *Phone: 866.256.3166*
- *Email: [VFC-SMVsupport@health.mo.gov](mailto:VFC-SMVsupport@health.mo.gov)*



## Missouri School Immunization Requirement Questions

- For questions regarding school or child care/preschool requirements contact:
  - *Lynelle Paro*
    - Phone: 573.526.7967
    - Email: [lynelle.paro@health.mo.gov](mailto:lynelle.paro@health.mo.gov)
  - *Lana Hudanick*
    - Phone: 314.982.8260
    - Email: [lane.hudanick@health.mo.gov](mailto:lane.hudanick@health.mo.gov)

# MISSOURI SCHOOL IMMUNIZATION REQUIREMENTS SCREENING TOOL

This chart is a basic screening tool for use in evaluating the immunization status of students enrolling in grades Kindergarten, Eighth and Twelfth. There may be some additional spacing requirements not included on this basic screening tool. Those requirements can be found at [CDC.gov/vaccines/schedules/hcp](https://www.cdc.gov/vaccines/schedules/hcp).

- STEP 1:** Review the immunization requirements for the student's grade.  
**STEP 2:** Count the number of doses required for each vaccine category.  
**STEP 3:** Check dose and spacing on DTaP, Tdap, MCV, Polio, MMR, Hepatitis B, Varicella.  
**STEP 4:** If an In progress card is on file, check the due date for the next dose. Due to the spacing requirements of the vaccine series, this appointment must be kept. If the appointment is not kept the child is no longer in progress and is noncompliant.  
**STEP 5:** If student has a Religious Immunization Exemption (Imm.P.11A) or Medical Immunization Exemption (Imm.P.12) the appropriate exemption form must be on file.

VACCINES REQUIRED	DOSES REQUIRED BY GRADE			DOSE/SPACING REQUIREMENTS If the vaccine is given 4 days early, the child is considered adequately immunized. The 4 day grace period does not apply to live vaccines.
	K	8 <sup>th</sup>	12 <sup>th</sup>	
DTaP/DT	4+	4+	4+	Last dose on or after the fourth birthday and the last dose of pediatric pertussis before the seventh birthday. Maximum needed: six doses.
Tdap		1	1	Tdap, which contains pertussis vaccine, is required. If administered after age 10 an additional dose is not needed.
MCV		1	2	<u>Grade 8-11:</u> One dose of MCV is required. • Must be given at age 10 or older.  <u>Grade 12:</u> Two doses of MCV are required unless the first dose was administered to a student who was 16 years of age or older, in which case only one dose is required. At least one dose must be given on or after 16 years of age.  <b>Note: Meningococcal B vaccine will not count for the MCV requirement.</b>
IPV (Polio)	3+	3+	3+	Kindergarten-12 Grade: Last dose must be administered on or after the fourth birthday. The interval between the next-to-last and last dose should be at least six months.
MMR	2	2	2	First dose must be given on or after twelve months of age. If MMR and Varicella are not administered on the same day, they must be at least 28 days apart. The 4 day grace period does not apply to live vaccines.
Hepatitis B	3+	3+	3+	To be considered valid the following must be met: • At least four weeks between dose one and two • At least 8 weeks between doses two and three • At least 16 weeks between doses one and three • Final dose must be at given at least 24 weeks of age.
Varicella	2	2	2	First dose must be given on or after twelve months of age. If Varicella and MMR are not administered on the same day, they must be at least 28 days apart. The 4 day grace period does not apply to live vaccines.



# Appendix A

## Recommended and minimum ages and intervals between vaccine doses<sup>(a),(b),(c),(d)</sup>

Vaccine and dose number	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
DTaP-1 <sup>(e)</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 <sup>(f)</sup>	6 months <sup>(f)</sup>
DTaP-4	15-18 months	15 months <sup>(f)</sup>	3 years	6 months
DTaP-5 <sup>(g)</sup>	4-6 years	4 years	—	—
HepA-1 <sup>(e)</sup>	12-23 months	12 months	6-18 months	6 months
HepA-2	≥18 months	18 months	—	—
HepB-1 <sup>(h)</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>(i)</sup>	6-18 months	24 weeks	—	—
Hib-1 <sup>(j)</sup>	2 months	6 weeks	8 weeks	4 weeks
Hib-2	4 months	10 weeks	8 weeks	4 weeks
Hib-3 <sup>(k)</sup>	6 months	14 weeks	6-9 months	8 weeks
Hib-4	12-15 months	12 months	—	—
HPV-1 (Two-Dose Series) <sup>(l)</sup>	11-12 years	9 years	6 months	5 months
HPV-2	11-12 years (+6 months)	9 years +5 months <sup>(m)</sup>	—	—
HPV-1 <sup>(n)</sup> (Three-Dose Series)	11-12 years	9 years	1-2 months	4 weeks
HPV-2	11-12 years (+1-2 months)	9 years (+4 weeks)	4 months	12 weeks <sup>(n)</sup>
HPV-3 <sup>(n)</sup>	11-12 years (+6 months)	9 years (+5 months)	—	—
Influenza, inactivated <sup>(o)</sup>	≥6 months	6 months <sup>(p)</sup>	4 weeks	4 weeks
IPV-1 <sup>(e)</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>(q)</sup>	4-6 years	4 years	—	—
LAIV <sup>(o)</sup>	2-49 years	2 years	4 weeks	4 weeks
MenACWY-1 <sup>(r)</sup>	11-12 years	2 months <sup>(s)</sup>	4-5 years	8 weeks
MenACWY-2	16 years	11 years (+ 8 weeks) <sup>(t)</sup>	—	—
MenB-1	Healthy adolescents: 16-23 years	16 years	Bexsero: 4 weeks Trumenba: 6 months <sup>(c)</sup>	Bexsero: 4 weeks Trumenba: 6 months <sup>(c)</sup>
MenB-1	Persons at increased risk: ≥10 years	10 years	Bexsero: 4 weeks Trumenba: 1–2 months <sup>(c)</sup>	Bexsero: 4 weeks Trumenba: 1 month
MenB-2	Healthy adolescents: 16-23 years (+1 month)	16 years (+1 month)	—	—
MenB-2	Persons at increased risk: ≥10 years (+1 month)	10 years (+1 month)	Bexsero: — Trumenba: 4-5 month <sup>(c)</sup>	Bexsero: — Trumenba: 4 months <sup>(c)</sup>
MenB-3 <sup>(u)</sup>	Persons at increased risk: ≥10 years (+6 months <sup>(c)</sup> )	10 years (+6 months <sup>(c)</sup> )	—	—

A

Vaccine and dose number	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
MMR-1 <sup>(v)</sup>	12-15 months	12 months	3-5 years	4 weeks
MMR-2 <sup>(v)</sup>	4-6 years	13 months	—	—
PCV13-1 <sup>(i)</sup>	2 months	6 weeks	8 weeks	4 weeks
PCV13-2	4 months	10 weeks	8 weeks	4 weeks
PCV13-3	6 months	14 weeks	6 months	8 weeks
PCV13-4	12-15 months	12 months	—	—
PPSV23-1	—	2 years	5 years	5 years
PPSV23-2 <sup>(w)</sup>	—	7 years	—	—
Rotavirus-1 <sup>(x)</sup>	2 months	6 weeks	8 weeks	4 weeks
Rotavirus-2	4 months	10 weeks	8 weeks	4 weeks
Rotavirus-3 <sup>(x)</sup>	6 months	14 weeks	—	—
Td	11-12 years	7 years	10 years	5 years
Tdap <sup>(y)</sup>	≥11 years	7 years	—	—
Varicella-1 <sup>(v)</sup>	12-15 months	12 months	3-5 years	12 weeks <sup>(z)</sup>
Varicella-2 <sup>(v)</sup>	4-6 years	15 months <sup>(aa)</sup>	—	—
RZV-1	≥50 years	50 years <sup>(bb)</sup>	2-6 months	4 weeks
RZV-2	≥50 years (+2-6months)	50 years	—	—

**Abbreviations:** DTaP = diphtheria and tetanus toxoids and acellular pertussis; HepA = hepatitis A; HepB = hepatitis B; Hib = *Haemophilus influenzae* type b; HPV = human papillomavirus; IPV = inactivated poliovirus; LAIV = live, attenuated influenza vaccine; MenACWY = quadrivalent meningococcal conjugate vaccine; MenB = serogroup B meningococcal vaccine; MMR = measles, mumps, and rubella; MMRV = measles, mumps, rubella, and varicella; PCV13 = pneumococcal conjugate vaccine; PPSV23 = pneumococcal polysaccharide vaccine; PRP-OMP = polyribosylribitol phosphate-meningococcal outer membrane protein conjugate; RZV = recombinant zoster vaccine; Td = tetanus and diphtheria toxoids; Tdap = tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis.

<sup>(a)</sup> 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. The minimum interval between doses is equal to the greatest interval of any of the individual components.

<sup>(b)</sup> Information on travel vaccines, including typhoid, Japanese encephalitis, and yellow fever, is available at <https://www.cdc.gov/travel>. Information on other vaccines that are licensed in the United States but not distributed, including anthrax and smallpox, is available at <http://emergency.cdc.gov/bioterrorism/>.

<sup>(c)</sup> "Months" refers to calendar months.

<sup>(d)</sup> Within a number range, a hyphen (-) should be read as "through."

<sup>(e)</sup> Combination vaccines containing the hepatitis B component are available (Twinrix and Pediarix). These vaccines should not be administered to infants aged <6 weeks because of the other vaccine components (i.e., Hib, DTaP, HepA, and IPV).

<sup>(f)</sup> The minimum recommended age for DTaP-4 is 15 months, with a recommended 6 months from DTaP-3 (the recommended interval between DTaP-3 and DTaP-4 is 6 months). However, DTaP-4 need not be repeated if given on or after 12 months of age and at least 4 months after DTaP-3. The 4-day grace period can be applied when validating past doses and can be applied to the minimum age of 12 months and the minimum interval of 4 months between DTaP-3 and DTaP-4. The 4-day grace period can be used when planning doses ahead of time, but should be applied to the minimum age of 15 months and the minimum interval between DTaP-3 and DTaP-4 of 6 months.

<sup>(g)</sup> If a fourth dose of DTaP is given on or after the fourth birthday, a fifth dose is not needed if the interval between the third dose and fourth dose is at least 6 months.

<sup>(h)</sup> Adjuvanted Hepatitis B vaccine (HepB-CgG) can be administered to adults 18 years old and older on a two dose schedule, the first and second dose separated by 4 weeks.

<sup>(i)</sup> 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.

<sup>(j)</sup> For Hib and PCV13, children receiving the first dose of vaccine at age ≥7 months require fewer doses to complete the series.

<sup>(k)</sup> If PRP-OMP (Pedvax-Hib, Merck Vaccine Division) was administered at ages 2 and 4 months, a dose at age 6 months is not necessary. The final dose has a minimum age of 12 months.

<sup>(l)</sup> A two-dose schedule of HPV vaccine is recommended for most persons beginning the series between 9 through 14 years of age. See HPV vaccine-specific recommendations for details. [www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6549a5.pdf](http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6549a5.pdf).

<sup>(m)</sup> If a patient is eligible for a 2-dose HPV series, and the second dose is given less than four weeks after the first dose, it is an invalid dose. Administer another dose 6-12 months after the first dose. If the second dose is given less than five months after the first dose, but more than four weeks after the first dose, the next dose should be administered at least 12 weeks after the second dose, and at least 6-12 months after the first dose. The 4-day grace period may be used. If the third dose was administered before December 16, 2016, and was administered 12 weeks after the 2nd dose, and 16 weeks after the first dose, it is a valid dose. The 4-day grace period may be used. If the third dose was administered on or after December 16, 2016, and was administered 12 weeks after the 2nd dose and 5 months after the first dose, it is a valid dose. The 4-day grace period may be used.



# Appendix A

- <sup>(n)</sup> The minimum age for HPV-3 is based on the baseline minimum age for the first dose (i.e., 9 years) and the minimum interval of 5 months between the first and third dose. If the third dose was administered before December 16, 2016, and was administered 12 weeks after the 2nd dose, and 16 weeks after the first dose, it is a valid dose. The 4-day grace period may be used. If the third dose was administered on or after December 16, 2016, and was administered 12 weeks after the 2nd dose and 5 months after the first dose, it is a valid dose. The 4-day grace period may be used.
- <sup>(o)</sup> One dose of influenza vaccine per season is recommended for most persons. To determine which children younger than 9 years should receive 2 doses in a single season, please see influenza vaccine-specific recommendations <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html>.
- <sup>(p)</sup> The minimum age for inactivated influenza vaccine varies by vaccine manufacturer. See package insert for vaccine-specific minimum ages.
- <sup>(q)</sup> A fourth dose is not needed if the third dose was administered at  $\geq 4$  years and at least 6 months after the previous dose.
- <sup>(r)</sup> Revaccination with meningococcal vaccine is recommended for previously vaccinated persons who remain at high risk for meningococcal disease. Cohn AC, MacNeil JR, Clark TA, et al. Prevention and control of meningococcal disease: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep*. 2013;62(RR-2):1-28.
- <sup>(s)</sup> MenACWY-D (Menactra) can be given as young as 9 months for high-risk persons. MenACWY-CRM (Menveo) can be given as young as 2 months for high-risk persons. Hib-MenCY can be given as young as 6 weeks for high-risk persons. Hib-MenCY is given as a 4-dose series at 2 months, 4 months, 6 months and 12-18 months. MenACWY-TT (MenQuadfi) can be given as young as 2 years for high-risk persons.
- <sup>(t)</sup> For routine non-high risk adolescent vaccination, the minimum age for the booster dose is 16 years.
- <sup>(u)</sup> This dose is not necessary if Bexsero is correctly administered, or if Trumenba is correctly administered to healthy adolescents.
- <sup>(v)</sup> Combination MMRV vaccine can be used for children aged 12 months-12 years.
- <sup>(w)</sup> A second dose of PPSV23 5 years after the first dose is recommended for persons aged  $\leq 65$  years at highest risk for serious pneumococcal infection and those who are likely to have a rapid decline in pneumococcal antibody concentration. See <https://www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm>.
- <sup>(x)</sup> The first dose of rotavirus must be administered at age 6 weeks through 14 weeks and 6 days. The vaccine series should not be started for infants aged  $\geq 15$  weeks, 0 days. Rotavirus should not be administered to children older than 8 months, 0 days of age regardless of the number of doses received between 6 weeks and 8 months, 0 days of age. If 2 doses of Rotarix (GlaxoSmithKline) are administered as age appropriate, a third dose is not necessary.
- <sup>(y)</sup> Only 1 dose of Tdap is recommended. Subsequent doses should be given as Td or Tdap. For management of a tetanus-prone wound in persons who have received a primary series of tetanus-toxoid-containing vaccine, the minimum interval after a previous dose of any tetanus-containing vaccine is 5 years.
- <sup>(z)</sup> A special grace period of 2 months, based on expert opinion, can be applied to the minimum interval of 3 months, when evaluating records retrospectively, which results in an acceptable minimum interval of 4 weeks. An additional 4 days should not be added on to this grace period.
- <sup>(aa)</sup> 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 results in an acceptable minimum age of 13 months. An additional 4 days should not be added on to this grace period.
- <sup>(bb)</sup> If a 1st dose of recombinant zoster vaccine is administered to someone 18-49 years of age, the dose does not need to be repeated. A 4 day grace period can be added to the absolute minimum age of 18 years when evaluating records retrospectively.

Adapted from Table 3-1, ACIP General Best Practice Guidelines for Immunization.

January 2021

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Grace Period: Vaccine doses administered  $\leq 4$  days before the minimum interval or age are considered valid; however, local or state mandates might supersede this 4-day guideline.

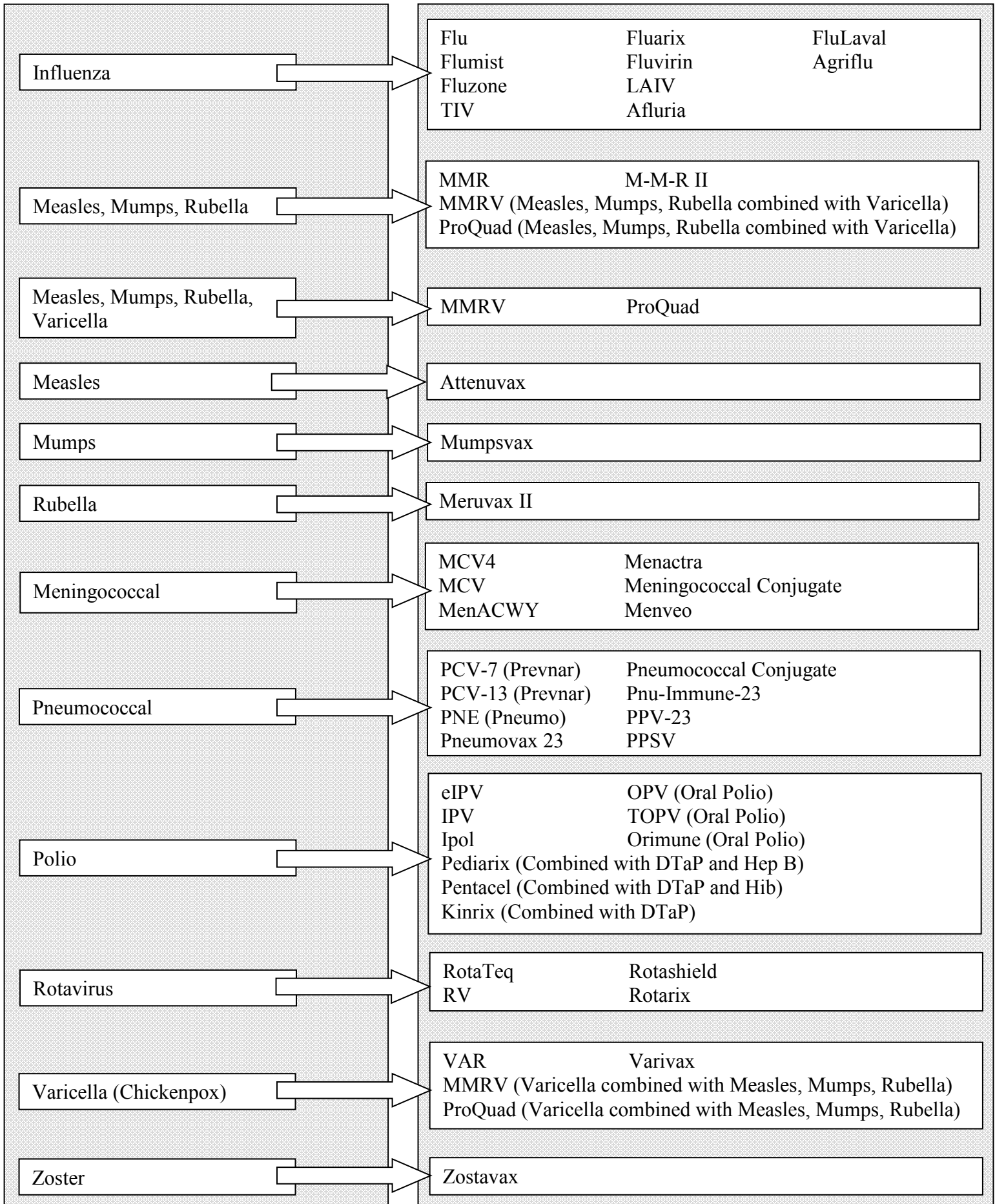
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# Vaccine Identification

VACCINE	DIFFERENT BRANDS AND ABBREVIATIONS
Diphtheria, Tetanus, Acellular Pertussis	Acel-Imune Daptacel Infanrix Kinrix (Combined with IPV) Pentacel (Combined with IPV and Hib) Tetramune (Combined with Hib) abbreviated TTR TriHIBit (Combined with Hib) (DTaP/Hib) Pediarix (Combined with IPV and Hep B) Certiva DTaP Tripedia
Diphtheria and Tetanus	DT
Tetanus	Decavac      TT (Tetanus Toxoid)      Td
Tetanus, Diphtheria Acellular Pertussis	Tdap                      Adacel                      Boostrix
Haemophilus Influenzae type b (Hib)	ActHIB Hboc H-FLU HibTITER PedvaxHIB ProHIBit PRP-T Comvax (Combined with Hep B) Tetramune (Combined with DTP) Abbreviated TTR TriHIBit (Combined with DTaP) (DTap/Hib) Pentacel (Combined with DTaP and IPV) HbCV HbPV Hib OmniHIB Pro-D PRP-OMP Hiberix
Hepatitis A	HAV                      Havrix                      VAQTA Hep A                      Twinrix (Combined with Hep B)
Hepatitis B	Engerix-B Hep B Recombivax-HB Comvax (Combined with Hib) Pediarix (Combined with DTaP and IPV) Twinrix (Combined with Hep A) HBV Heptavax
HepA/HepB	Twinrix (Hep A and Hep B combined)
Human Papilloma Virus	HPV                      Gardasil                      Cervarix



# Vaccine Identification



# Immunizations

DHSS Home » Healthy Living » Wellness and Prevention » Immunizations



For their sake. For your sake. Vaccinate.

## Healthy Living

- Environmental Factors
- Chronic Diseases
- Communicable Diseases
- Healthy Families
- Organ/Tissue Donation and Registry
- Women, Infants & Children (WIC)
- Genetic Disease & Early Childhood
- Food Programs
- Wellness & Prevention
- Local Public Health Agencies
- Immunizations

- ## Related Links
- [ShowMeVax](#)
  - [Immunization Record Request Form](#)
  - [Vaccines for Children - Information for Providers](#)
  - [Vaccines for Children - Information for Parents](#)
  - [Immunization Schedules](#)
  - [Diseases & Vaccines](#)
  - [Travel Vaccine](#)
  - [Order Tools & Materials](#)
  - [Immunizations A-Z](#)
  - [Sign-Up for E-Messages](#)

# If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities.

Reviewed March 2012

If you choose to delay some vaccines or reject some vaccines entirely, there can be risks. Please follow these steps to protect your child, your family, and others.

## With the decision to delay or reject vaccines comes an important responsibility that could save your child's life, or the life of someone else.

Any time that your child is ill and you:

- call 911;
- ride in an ambulance;
- visit a hospital emergency room; or
- visit your child's doctor or any clinic

you must tell the medical staff that your child has not received all the vaccines recommended for his or her age.

Keep a vaccination record easily accessible so that you can report exactly which vaccines your child has received, even when you are under stress.

## Telling health care professionals your child's vaccination status is essential for two reasons:

- When your child is being evaluated, the doctor will need to consider the possibility that your child has a vaccine-preventable disease. Many of these diseases are now uncommon, but they still occur.
- The people who help your child can take precautions, such as isolating your child, so that the disease does not spread to others. One group at high risk for contracting disease is infants who are too young to be fully vaccinated. For example, the measles vaccine is not usually recommended for babies younger than 12 months. Very young babies who get measles are likely to be seriously ill, often requiring hospitalization. Other people at high risk for contracting disease are those with weaker immune systems, such as some people with cancer and transplant recipients.

## Before an outbreak of a vaccine-preventable disease occurs in your community:

- Talk to your child's doctor or nurse to be sure your child's medical record is up to date regarding vaccination status. Ask for a copy of the updated record.
- Inform your child's school, childcare facility, and other caregivers about your child's vaccination status. -
- Be aware that your child can catch diseases from people who don't have any symptoms. For example, Hib meningitis can be spread from people who have the bacteria in their body but are not ill. You can't tell who is contagious.



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## When there is vaccine-preventable disease in your community:

- It may not be too late to get protection by getting vaccinated. Ask your child's doctor.
- If there are cases (or, in some circumstances, a single case) of a vaccine-preventable disease in your community, you may be asked to take your child out of school, childcare, or organized activities (for example, playgroups or sports).
- Your school, childcare facility, or other institution will tell you when it is safe for an unvaccinated child to return. Be prepared to keep your child home for several days up to several weeks.
- Learn about the disease and how it is spread. It may not be possible to avoid exposure. For example, measles is so contagious that hours after an infected person has left the room, an unvaccinated person can get measles just by entering that room. -
- Each disease is different, and the time between when your child might have been exposed to a disease and when he or she may get sick will vary. Talk with your child's doctor or the health department to get their guidelines for determining when your child is no longer at risk of coming down with the disease.

## Be aware.

- 🦠 Any vaccine-preventable disease can strike at any time in the U.S. because all of these diseases still circulate either in the U.S. or elsewhere in the world.
- 🦠 Sometimes vaccine-preventable diseases cause outbreaks, that is, clusters of cases in a given area.
- 🦠 Some of the vaccine-preventable diseases that still circulate in the U.S. include whooping cough, chickenpox, Hib (a cause of meningitis), and influenza. These diseases, as well as the other vaccine-preventable diseases, can range from mild to severe and life-threatening. In most cases, there is no way to know beforehand if a child will get a mild or serious case.
- 🦠 For some diseases, one case is enough to cause concern in a community. An example is measles, which is one of the most contagious diseases known. This disease spreads quickly among people who are not immune.

## If you know your child is exposed to a vaccine-preventable disease for which he or she has not been vaccinated:

- Learn the early signs and symptoms of the disease.
- Seek immediate medical help if your child or any family members develop early signs or symptoms of the disease. -

**IMPORTANT:** Notify the doctor's office, urgent care facility, ambulance personnel, or emergency room staff that your child has not been fully vaccinated before medical staff have contact with your child or your family members. They need to know that your child may have a vaccine-preventable disease so that they can treat your child correctly as quickly as possible. Medical staff also can take simple precautions to prevent diseases from spreading to others if they know ahead of time that their patient may have a contagious disease.

- Follow recommendations to isolate your child from others, including family members, and especially infants and people with weakened immune systems. Most vaccine-preventable diseases can be very dangerous to infants who are too young to be fully vaccinated, or children who are not vaccinated due to certain medical conditions.
- Be aware that for some vaccine-preventable diseases, there are medicines to treat infected people and medicines to keep people they come in contact with from getting the disease.
- Ask your health care professional about other ways to protect your family members and anyone else who may come into contact with your child.
- Your family may be contacted by the state or local health department who track infectious disease outbreaks in the community. -

## If you travel with your child:

- Review the CDC travelers' information website (<http://www.cdc.gov/travel>) before traveling to learn about possible disease risks and vaccines that will protect your family. Diseases that vaccines prevent remain common throughout the world, including Europe. -
- Don't spread disease to others. If an unimmunized person develops a vaccine-preventable disease while traveling, to prevent transmission to others, he or she should not travel by a plane, train, or bus until a doctor determines the person is no longer contagious.

# Immunizations In Schools

## Evaluation Form

Location: \_\_\_\_\_

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

Presenter: \_\_\_\_\_

**Please email completed form to:  
Angie.Bulmahn@health.mo.gov**

**Please indicate your impression of the items listed below. Circle the number that matches your opinion.**

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
1. The training met my expectations.					
2. Curriculum content was organized and easy to follow.					
3. Materials and training aids were pertinent and useful.					
4. The presenters were knowledgeable.					
5. Class participation and interaction were encouraged.					
6. Facilitators addressed my concerns.					
7. The training helped me understand the immunization requirements in schools.					
8. The training helped me understand how to review immunization records for compliance with State requirements.					

**AGENDA TOPICS**

	Very Useful	Useful	Somewhat useful	Not Useful	COMMENTS
Immunization Requirements					
Immunization Exemption Review					
Doses Required by Grade Review					
Immunization Records for Students of Military Families, Students who are Homeless and Alien Students					
Information on the Vaccines for Children program					
ShowMeVax					

Additional comments or topics would you like added to this training?

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