

# Kansas School Immunization Requirements

## FAQ

### Kansas Statute

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

**A:** Kansas statute 72-5211a.states: School boards may exclude students who have not completed the required inoculations. The decision rests with each school board.

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

**A:** Health care providers are not required to provide specific health information on the reason for the medical exemption; they are required to sign the medical exemption form annually.

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

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

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

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

### Varicella

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

The Advisory Committee of Immunization Practice and the Kansas Immunization Program endorse the following criteria for verification of Varicella immunity: documentation of age-appropriate vaccination with a Varicella vaccine:

--- preschool-aged children (i.e., aged  $\geq 12$  months): 1 dose

--- school-aged children, adolescents, and adults: 2 doses\*

laboratory evidence of immunity<sup>†</sup> or laboratory confirmation of disease;

- birth in the United States before 1980<sup>§</sup>;
- diagnosis or verification of a history of Varicella disease by a health-care provider<sup>¶</sup>; or
- diagnosis or verification of a history of herpes zoster by a health-care provider.

\* For children who received their first dose at age <13 years and for whom the interval between the 2 doses was  $\geq 28$  days, the second dose is considered valid.

<sup>†</sup> Commercial assays can be used to assess disease-induced immunity, but they lack sensitivity to always detect vaccine-induced immunity (i.e., they might yield false-negative results).

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<sup>§</sup> For health-care personnel, pregnant women, and immunocompromised persons, birth before 1980 should not be considered evidence of immunity.

<sup>¶</sup> Verification of history or diagnosis of typical disease can be provided by any health-care provider (e.g., school or occupational clinic nurse, nurse practitioner, physician assistant, or physician). For persons reporting a history of, or reporting with, atypical or mild cases, assessment by a physician or their designee is recommended, and one of the following should be sought: 1) an epidemiologic link to a typical Varicella case or to a laboratory-confirmed case or 2) evidence of laboratory confirmation if it was performed at the time of acute disease. When such documentation is lacking, persons should not be considered as having a valid history of disease because other diseases might mimic mild atypical Varicella. [Posted 3-21-12](#)

**Q:** What is a valid interval between 2 doses of Varicella vaccine?

**A:** The ACIP schedule recommends that children 1-12 years have a 3 month minimum interval between dose 1 and dose 2 of Varicella vaccine. Students through 12 years should be referred to get their second dose 3 months after the first dose. However, if the second dose is given 28 days after the first dose ACIP does not recommend that the second dose be repeated. Students that are 13 yrs. and older must have 28 days between the 2 doses of Varicella vaccine. Note that if a school nurse reviews an immunization record with 2 doses of Varicella vaccine documented 28 days between dose 1 and dose 2 the student should be considered compliant regardless of the age of the student.

**Q:** *For the past 4 school years students with a parental history of chickenpox disease were grandfathered in are they also grandfathered in for 2014-2015?*

**A:** Yes. Only those students who are new to your school or those students currently without recorded history of the disease or vaccination would need physician documentation of the disease during the 2014-2015 school year. [Posted 3-21-12; Updated 4-28-14;](#)

**A:** No. Parental history of chickenpox disease is no longer accepted. History of disease must be documented by a physician or Local Health Department. [Update 2-26-2015](#)

**Q:** *Is documentation of Varicella disease by a health department acceptable for school entry?*

**A:** Yes. A provider of immunization services may document history of Varicella disease since they make the determination of whether or not to administer Varicella vaccine based on the patient's vaccination or disease history. Health departments administer vaccines under the authority of standing orders from a physician.

[Posted 3-21-12](#)

**Q:** Where can I find the list of diseases that students are required to show proof of immunity against before they enter school?

**A:** **Kansas Register Regulations Vol. 27, No. 26, June 26, 2008 Department of Health and Environment Permanent Administrative Regulations**

### **Article 1.—DISEASES**

**28-1-20. Immunizations; schools, child care facilities, family day care homes, and preschool or childcare programs operated by a school.** (a) Definition. For the purposes of this regulation, "susceptible child" shall mean either of the following if, for that individual, there is no history of the disease that has been documented by a licensed physician, no laboratory documentation of immunity, or no documentation acceptable to the secretary that demonstrates current vaccination against the disease: (1) Any individual who attends school as defined in K.S.A. 72-5208, and amendments thereto; or (2) any individual who is enrolled, is placed, or resides in a child care

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facility as defined in K.S.A. 65-503, and amendments thereto, a family day care home, or a preschool or child care program operated by a school. (b) Required vaccinations.

Except as provided in K.S.A. 72-5209(b) and amendments thereto, each susceptible child shall be required to receive the following vaccinations before enrolling in any Kansas school:

- (1) Diphtheria;
- (2) hepatitis B;
- (3) measles (rubeola);
- (4) mumps;
- (5) pertussis (whooping cough);
- (6) poliomyelitis;
- (7) rubella (German measles);
- (8) tetanus; and
- (9) varicella (chickenpox).

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

**A:** The immunization record of each pupil shall document that the pupil has received the vaccinations specified from a *licensed physician or local health department* or is not a susceptible child, on forms provided by the department. **Posted 3/21/2012**

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

**Kansas Statute 72-5209.** Health tests and inoculations; certification of completion required, alternatives; duties of school boards.

(a) In each school year, every pupil enrolling or enrolled in any school for the first time in this state, and each child enrolling or enrolled for the first time in a preschool or day care program operated by a school, and such other pupils as may be designated by the secretary, prior to admission to and attendance at school, shall present to the appropriate school board certification from a physician or local health department that the pupil has received such tests and inoculations as are deemed necessary by the secretary by such means as are approved by the Secretary. Pupils who have not completed the required inoculations may enroll or remain enrolled while completing the required inoculations if a physician or local health department certifies that the pupil has received the most recent appropriate inoculations in all required series. Failure to timely complete all required series shall be deemed non-compliance.

(b) As an alternative to the certification required under subsection (a), a pupil shall present:

- (1) An annual written statement signed by a licensed physician stating the physical condition of the child to be such that the tests or inoculations would seriously endanger the life or health of the child, or
- (2) A written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations.

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

**Posted 03/21/2012**

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

**A:** No, the physician must review and authorize by a signature the student's medical exemption for certain vaccines. As stated in KSA 72-5209, a signature is required annually to validate the medical exemption. The reason for the exemption is not required. **Posted 02/01/2013**

#### **Polio**

**Q: Why would a combination IPV/OPV schedule be used?**

**A:** The IPV/OPV schedule would only be documented on a child's immunization record that was vaccinated outside of the United States. ACIP recommended in 2000 that an all IPV schedule be exclusively used. OPV is no longer available in the United States. The minimum interval between each of 4 POLIO doses was 4 weeks however, in 2009, ACIP recommended that the IPV schedule first three doses continue to be separated by 4 wks but, the last 2 doses needed to be separated by 6 months and the last dose would need to be given after the 4th birthday. 3 doses are acceptable if the first two doses are separated by 4 wks; last two doses have a 6 month interval; last dose after 4 yrs.

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5830a3.htm?s\\_cid=mm5830a3\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5830a3.htm?s_cid=mm5830a3_e) **Posted 02/01/2013**

**Q:** Do all students vaccinated with 4 doses of polio with a 4 week interval between doses need to have another dose of polio?

**A:** Communication from CDC states that there is no recommendation to make the recommended Polio schedule retroactive before August 7, 2009.

The 4 yr minimum age and 6 month minimum interval between last two doses applies to current vaccination activity for the completion of the Polio series for **Preschool through Grade 6, new students and students completing the IPV series.**

**Students Grades 7 through 12<sup>th</sup>** vaccinated historically with a complete series of at least 4 weeks between 4 doses regardless of age or with a history of 3 doses, the last of which administered after age four and with a 4 wk interval from the prior dose are considered compliant. The recommender algorithm in KSWebIZ will reflect the 4 year minimum age and 6 month minimum interval for the final dose on all records. This will allow the system to appropriately recommend current vaccination activity to recommend the final dose after 4 year of age with 6 month minimum interval between last two doses. Students 7 through 12<sup>th</sup> grade however, do not need to be recalled for additional doses if they historically were vaccinated with a complete series. **Posted 01/20/2017**

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#### **DTaP vs. Tdap**

**Q:** A Kindergarten student has a dose of Tdap documented as the 4<sup>th</sup> dose of the DTaP series. Does this student need another DTaP?

**A:** Tdap given to a child younger than age 7 years as either dose 1, 2, or 3, is NOT valid. Repeat with DTaP as soon as feasible.

Tdap given to a child younger than age 7 years as either dose 4 or 5 can be counted as valid for DTaP dose 4 or 5.

DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose.

[http://www.immunize.org/askexperts/experts\\_per.asp](http://www.immunize.org/askexperts/experts_per.asp)

#### **Tdap**

**Q:** How often does a student need to have a Tdap booster?

**A:** Tdap, which contains pertussis vaccine, is required for students enrolling, transferring or advancing into the 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> Grades. **If a student received a Tdap booster the student is up-to-date. Tdap is currently licensed for one dose only; an additional dose is not needed.** Posted 2/27/14

#### **4 day grace period**

**Q:** Are vaccine valid if vaccine doses were given less than the minimum interval?

**A:** Vaccine doses administered up to 4 days before the minimum interval or age are to be counted as valid. Doses administered 5 days or earlier than the minimum interval or age should not be counted as valid doses and should be repeated as age appropriate.

#### **Hepatitis B**

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

**A:** There must be a minimum of 8 weeks after the second dose, and at least 16 weeks after the first dose and, given after 24 weeks of age. There is a 4-day grace period for this dose; therefore, the earliest age at which the last dose of hepatitis B vaccine is acceptable is 164 days of age (168 days [24 weeks] minus the 4-day grace period). If the third dose is given prior to the minimum age, then that dose should not be counted. Poorer response rates are seen in infants who complete the vaccination series prior to age 24 weeks; therefore, the third dose should be repeated when the infant is at least age 24 weeks. Posted 2/1/13