

School Administrator's Guide



TO IMMUNIZATIONS

SCHOOL ADMINISTRATOR'S
GUIDE TO OKLAHOMA'S
IMMUNIZATION LAW



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Polio Fact: The “March of Dimes” began in 1938 as a fund-raising campaign for polio victims. People were asked to send one dime directly to the White House to help fight the disease. In the first 3 days, the White House received 230,000 dimes. President Franklin D. Roosevelt, whose profile is now on the dime was himself paralyzed by polio.

INTRODUCTION

School immunization laws are one of the most effective tools for preventing outbreaks and epidemics of contagious diseases. Most of the diseases which vaccines prevent are acquired in childhood. Prior to the availability of effective vaccines, outbreaks of diseases such as diphtheria, polio, measles, rubella, and mumps were common occurrences in schools. Schools were major sites for transmission of these diseases. Many infected children suffered serious complications and died from these diseases. School immunization laws were established to prevent these outbreaks and they have been highly successful in not only protecting children, but also in protecting entire communities and states. All 50 states in the U.S. have school immunization laws.

Maintaining high vaccination levels is essential to ensure that these diseases do not return. Control of these diseases has been so successful that most Americans have forgotten how serious these diseases are. When parents don't vaccinate their children, the diseases return. In 1980 an outbreak of measles affecting mostly school-aged children resulted in 775 cases of measles in Oklahoma and one death. In the spring of 1990, 174 cases of measles and one death from measles were reported in Oklahoma. However, because of high vaccination levels among school children in 1990 only one school reported more than one case of measles during this outbreak.

Some vaccine-preventable diseases such as pertussis (whooping cough) and hepatitis A continue to circulate at low levels throughout the United States and a drop in vaccination levels would allow them to spread to more people. Some diseases such as polio and diphtheria have been virtually eliminated from this country, but still occur in other parts of the world and can be imported quickly by travelers and immigrants. These situations are examples of the importance of strictly enforcing Oklahoma's School Immunization Law.

School officials should be aware of the state's immunization requirements and make enforcement a high priority. This booklet is intended to serve as a convenient reference for school administrators. Oklahoma's School Immunization Law and related policies and procedures are summarized. If you need additional information or if you have any questions, please call or send an e-mail to the:

Immunization Service
Oklahoma State Department of Health
1000 N.E. 10th Street
Oklahoma City, Oklahoma 73117-1299
Toll Free Telephone Number: 1-800-234-6196
Telephone Number: (405) 271-4073
Fax Number: (405) 271-6133
Web site: <http://imm.health.ok.gov>
Email: immunize@health.ok.gov

IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE

In 1970 the Oklahoma legislature added immunization requirements to Oklahoma State Statute Title 70, known as the Oklahoma School Code (Title 70 Sections 1210.191-193). The Oklahoma School Code and the Oklahoma Public Health Code give the Oklahoma State Board of Health the responsibility for prescribing the immunizations required to attend school and the manner and frequency of their administration.

The law was amended in 1976 to extend requirements to all children attending Oklahoma schools and to clarify that school officials are responsible for enforcement of the law. The following is a summary of the law. The complete text can be found in Title 70 of the Oklahoma Statutes, Sections 1210.191-193, which are reproduced in Appendix A beginning on page 27.

A Summary of the Law

Requirements

No minor child shall be admitted to any public, private, or parochial school operating in Oklahoma unless the parent or guardian can present to the appropriate school authorities certification from a licensed physician or public health authority that such child has received or is in the process of receiving the immunizations required for school entry, or is likely to be immune as a result of having had the disease. This means parents or guardians must present an immunization record for each child listing the vaccines the child has received.

Responsibility

The State Board of Health will prescribe the immunizations required and the manner and frequency of their administration. The requirements must conform to recognized medical practices in the state. The Oklahoma State Department of Health shall supervise and secure the enforcement of the required immunizations. The State Department of Education and the governing boards of the school districts of this state shall render reasonable assistance to the Oklahoma State Department of Health.

Changes in Requirements

The State Board of Health may change the list of required immunizations. All changes must be approved in hearings conducted by the State Board of Health. These hearings are open to the public, with time and place predetermined and public notice given. Any changes in the list of required immunizations must be submitted to the legislature at the next regular session. Changes made by the State Board of Health remain in force unless the legislature passes a resolution of disapproval. The state legislature can also change the list of required immunizations by amending the statute. Therefore, the original statute does not list all of the requirements which are listed in the regulations.

Exemptions

The parent or guardian of any child may request an exemption from any or all immunizations for medical, religious, or personal reasons. In such cases, a written statement from the parent, guardian, or physician must be on file with the school. Exemption forms are provided to parents by the school. Forms may be requested from the Oklahoma State Department of Health Immunization Service by calling (405) 271-4073.

Vaccine Administration and Inability to Pay

A licensed physician, someone under his or her direction, or a public health department may administer immunizations. If the parents or guardians are unable to pay for the immunizations required by law, the Oklahoma State Department of Health shall provide, without charge, the immunizations required.

Addition of Interstate Compact on Educational Opportunity for Military Children

The Department of Defense, in collaboration with the National Center for Interstate Compacts and the Council of State Governments developed an interstate compact to address the educational transition issues of children of military families. Oklahoma officially joined the Compact in June, 2008, when the Compact was added to the Oklahoma School Code (Title 70).

The purpose of the Compact is to ensure that children of military families are afforded the same opportunities for educational success as other children and are not penalized or delayed in achieving their educational goals by differences in state rules.

Regarding immunizations, the compact specifies that a child transferring to a member state who needs additional immunizations is allowed to enroll and begin attending school. He or she is then given 30 days to obtain the needed immunizations. If a series of immunizations is required, it must be started within 30 days of enrollment.

Resource:

American Association of School Administrators: Fact Sheet on the Interstate Compact on Educational Opportunity for Military Children

<http://www.aasa.org/content.aspx?id=9460>

Specific Immunization Requirements

The Oklahoma State Board of Health determines which vaccines are required, the number of doses required for each vaccine, the minimum age for the first dose of each vaccine, and the minimum time between doses of multi-dose vaccines. The minimum ages and intervals must be observed for the vaccine doses to be effective and to be counted as valid doses for school attendance. These requirements, the Oklahoma State Department of Health Immunization Regulations, Title 10, Chapter 535, are reproduced in Appendix B beginning on page 29 of this booklet. The State Board of Health currently

requires children attending school in Oklahoma to be immunized against the following diseases:

- Diphtheria
- Tetanus
- Pertussis
- Poliomyelitis
- Measles
- Mumps
- Rubella
- Hepatitis B
- Hepatitis A
- Varicella (chickenpox)

Required vaccines and the number of doses of each vaccine may vary according to grade level. Through the years, additional vaccines have been added to the requirements as new vaccines have become available. These additions are made to keep Oklahoma's regulations current with medical recommendations and practices. The changes and additions to the immunization requirements are listed below in chronological order. Current requirements are summarized in the table on page 9. Other vaccines may be recommended for all children but not required by the school immunization law.

Fall 1990 – Second Dose of MMR

A second dose of MMR (measles, mumps, and rubella vaccine) was added to the requirements starting with children entering kindergarten. This requirement was extended up one grade level every year until 2 doses of MMR were required for all students in grades kindergarten through twelfth grade in the 2002-2003 school year.

Fall 1996 – Five DTP & Four Polio

The DTP and polio requirements for students entering kindergarten, or entering first grade without attending kindergarten, were revised to require five doses of DTP/DTaP and four doses of polio vaccine, instead of three doses of DTP/DTaP and three doses of polio vaccine. This requirement was extended up one grade level each year until 2008 when the requirement reached all grade levels (K-12).

Fall 1998 – Varicella (Chickenpox) Added

One dose OF varicella (chickenpox) vaccine was added to the list of required vaccines for children entering kindergarten in the fall of 1998. The requirement was set to extend up one grade level each year until the 2010-2011 school year when it was a requirement for children in all grade levels, kindergarten through twelfth grade. A second dose of varicella vaccine is recommended for all children but it is not required for school in Oklahoma.

Fall 2002 – Four Day Grace Period and Other Changes

A four-day grace period was added to the minimum age for the first dose of any vaccine and to the minimum time intervals allowed between some doses of vaccines. The 4-day grace period allows doses administered 4 days or less before the minimum age or interval to be counted as valid doses. These doses do not have to be repeated. For instance, the minimum age for MMR is one year of age or the first birthday. If a child is born on January 1, 2008 the first dose of MMR will be due on January 1, 2009. If the

child receives MMR on December 28, 29, 30, or 31, 2008 it is a valid dose because it was given within four days before the first birthday. If the child receives MMR on December 27, 2008 or sooner it is not a valid dose and must be repeated. The four-day grace period also applies to doses of vaccine given to children enrolled prior to fall 2002.

All third doses of hepatitis B vaccine administered after January 13, 1998 must have been given on or after the child reached six calendar months of age or older. Children who received the third dose of hepatitis B vaccine prior to January 13, 1998 may have received it before they were six months of age and this is acceptable. This was changed in 2005. See below.

All fifth doses of DTaP administered after January 1, 2003 must be given on or after the child's fourth birthday. If the fifth DTaP is given prior to the fourth birthday, it must be repeated.

All second doses of hepatitis A vaccine administered after January 1, 2003 must be given at least six calendar months after the first dose.

June 2005 – Change in Hepatitis B Vaccine Minimum Interval

The minimum age for the third dose of hepatitis B vaccine was changed from six calendar months of age to twenty-four weeks of age following national recommendations. This minimum age now applies to all children.

May 2006 - Change in Minimum Age for Hepatitis A Vaccine

The minimum age for the first dose of hepatitis A vaccine was changed from two years of age to one year of age following national recommendations. This minimum age now applies to all children in school regardless of when they received their first dose of hepatitis A vaccine.

June 2007 – Specifications for Completing DTaP and Polio Vaccine

Children who have not completed the DTaP series by seven years of age must complete the series with Td and/or Tdap vaccines.

Children who have not started or completed the polio vaccine series by their eighteenth birthday are not required to start or complete the polio vaccines series.

Fall 2011 – Tdap Requirement Added

One dose of Tdap (tetanus, diphtheria, acellular pertussis) vaccine was added as a requirement for students entering the seventh grade. This requirement will be extended up one grade level each year until the 2016-2017 school year when it will be required for all students in grades seven through twelve and will then continue as a requirement for those grades.

The following table lists the common abbreviations of the required vaccines.

ABBREVIATIONS FOR VACCINES REQUIRED FOR SCHOOL

Common Abbreviations	Vaccine/Vaccines
DTP	Diphtheria, tetanus, pertussis vaccine
DTaP	Diphtheria, tetanus, acellular pertussis vaccine
HepB	Hepatitis B vaccine
HepA	Hepatitis A vaccine
IPV	Inactivated polio vaccine
MMR	Measles, mumps, rubella vaccine
MMRV	Measles, mumps, rubella, varicella vaccine
OPV	Oral polio vaccine (No longer used in the U.S.)
Td	Tetanus, diphtheria vaccine
Tdap	Tetanus, diphtheria, acellular pertussis vaccine
VAR, VZV	Varicella vaccine

Appendix C beginning on page 32 has a more complete list of common vaccine abbreviations and vaccine brand names.



The first school vaccination law in the United States was enacted in the city of Boston in 1827 and required children to receive smallpox variolation, an early attempt to vaccinate against smallpox.

VACCINES REQUIRED BY SCHOOL YEAR AND GRADE LEVEL IN OKLAHOMA

SCHOOL YEAR	3 DOSES DTP/DTaP & 3 DOSES POLIO	5 DOSES DTP/DTaP & 4 DOSES POLIO	1 DOSE Tdap	2 DOSES MMR	3 DOSES HEPATITIS B	2 DOSES HEPATITIS A	1 DOSE VARICELLA
1996-1997	1-12	K		K & 6	No Requirement	No Requirement	
1997-1998	2-12	K-1		K-1 & 6-7	7		
1998-1999	3-12	K-2		K-2 & 6-8	K & 7-8	K & 7	K
1999-2000	4-12	K-3		K-3 & 6-9	K-1 & 7-9	K-1 & 7-8	K-1
2000-2001	5-12	K-4		K-4 & 6-10	K-2 & 7-10	K-2 & 7-9	K-2
2001-2002	6-12	K-5		K-5 & 6-11	K-3 & 7-11	K-3 & 7-10	K-3
2002-2003	7-12	K-6		K-12	K-4& 7-12	K-4 & 7-11	K-4
2003-2004	8-12	K-7	No	K-12	K-5 & 7-12	K-5 & 7-12	K-5
2004-2005	9-12	K-8	Require-		K-12	K-12	K-6
2005-2006	10-12	K-9	ment				K-7
2006-2007	11-12	K-10					K-8
2007-2008	12	K-11					K-9
2008-2009	See next column	K-12					K-10
2009-2010				K-12			K-11
2010-2011					K-12		K-12
2011-2012			7			K-12	
2012-2013			7-8				
2013-2014		K-12	7-9				
2014-2015			7-10				K-12
2015-2016			7-11				
2016-2017			7-12				

By referring to the table above you can determine which vaccines are required for specific grade levels for each school year.

In general, most vaccine requirements are phased-in over a multi-year period to ease the burden on schools, parents, and health care providers. For example, children who entered the seventh grade in the fall of 1997 (see row labeled “1997-1998”) were required to have three doses of hepatitis B vaccine or be in the process of receiving the three doses, but children in all other grades were not required to have hepatitis B vaccine. This requirement was extended up one grade level each year and also included kindergartners beginning with the 1998-1999 school year. Then by the 2004-2005 school year it included all grades.

It is the intent of the law that all students, regardless of circumstances, meet the requirements for their grade level. All children transferring from other school districts, all students in a grade due to retention, and all students in transitional levels between these grades are required to have the doses indicated as required for their grade level in the table above.

EVIDENCE OF ADEQUATE IMMUNIZATION

Acceptable evidence of adequate immunization is a record provided by a licensed physician, public health authority, or a clinic that clearly indicates which immunizations have been received, the dates they were administered, and the signature or stamp of the physician or clinic that administered the vaccines or recorded the child's immunization history.

Many Oklahoma physicians and public clinics provide the official State of Oklahoma Official Vaccination Record (OSDH Form #218B) or a computer printout from the Oklahoma State Immunization Information System (OSIIS) to parents or guardians as a record of their child's immunizations. These documents are considered acceptable evidence of immunization. Schools can also accept other documents including records provided by health departments in Oklahoma and other states, records from schools that are signed by school personnel, or any record provided by a licensed physician that indicates the specific immunizations, the dates they were received and is appropriately signed or stamped.

Occasionally, parents will present records without dates and signatures listed for all the doses of a vaccine series. It is the policy of the Immunization Service to accept records missing some dates. These records are acceptable if the last dose given in the series has a date and a clinic or physician signature or stamp or if the record is a school record from Oklahoma or any other state. For example, if a child's immunization record lists the dates and locations for hepatitis B vaccine doses number two and three, but does not list a date for dose number one, the Immunization Service would consider this an acceptable record of hepatitis B immunization. Another example is a record with dates and locations listed for the fourth or fifth doses of a series such as DTaP, and no dates and locations for the first two or three doses of the series. The Immunization Service also considers these acceptable records based on the fact that the health care professional who recorded the immunizations is responsible for correctly recording which dose number in a vaccine series they administered.

International Records

Sometimes children receive vaccines that are licensed in other countries but are not licensed in the United States. For example a combined hepatitis A and hepatitis B vaccine, called Twinrix Jr.®, is licensed in Europe. Also, a combined DTaP-Hib-Hep B vaccine is licensed in Mexico. Even though these vaccines are not licensed in the U.S. they are considered valid doses for fulfilling school immunization requirements in Oklahoma as long as the doses were given within the specified minimum ages and intervals. The minimum intervals between vaccine doses are listed in the tables on pages 12 and 14.

Mumps is now considered primarily a childhood disease, but it used to be known as a disease afflicting armies. Mumps was one of the leading causes of hospitalization during World War I.

TRANSLATION OF FOREIGN RECORDS

Parents of children whose records are in languages other than English are responsible for providing a translation of the record or providing an understandable record to the school. If the parents cannot translate the record they should seek help within their local community. The Immunization Service does not have the capability to translate records. The following websites may be helpful with translation:

- This website has an extensive list of foreign vaccine names and terms and the English translations:
<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign-products-tables.pdf>
- Vaccines and Biologics Used in U.S. and Foreign Markets:
<http://www.immunize.org/izpractices/p5120.pdf>
- Translation of Foreign Vaccine-Related Terms into English:
<http://www.immunize.org/izpractices/p5121.pdf>

Some county health departments may be able to help translate Spanish records and possibly others. Check with your local health department if assistance is needed. Appendix C provides a list of vaccines routinely used in Mexico on page 36.

CHILDREN IN THE PROCESS OF RECEIVING IMMUNIZATIONS

Children who have received some but not all of the required vaccine doses may be allowed to attend school while in the process of completing the immunizations. However, they must follow a medically approved schedule for completion of the required number of doses. The Immunization Service advises schools to ask the parents or guardians to provide the school with a vaccination schedule provided to them by their physician, clinic, or county health department. The schedule should outline a timetable for completion of the remaining immunizations. If the parents do not provide a schedule for completion of the remaining immunizations, school staff may refer to the schedules on pages 12 and 14 to remind parents when the next doses are due.

This does not mean parents must have an appointment for the child's next immunization, but rather a schedule for completion. The school immunization rules do not specify that the parent must have an appointment for the next doses. Sometimes the next dose of a vaccine may not be due for several months and it may be impossible for parents to obtain an appointment so far in advance.

School personnel should note that some vaccines which require multiple doses may be given over a wide range of time. Children should not be excluded from school until the maximum allowable time to complete the series has passed. For example, the second dose of hepatitis A vaccine may be given 6 to 18 months after the first dose. Therefore, children cannot be excluded from school for failure to obtain the second dose of hepatitis A vaccine until 19 months after the first dose was administered.

The table below lists the recommended time intervals and the minimum time intervals between doses for children six years of age and younger.

**RECOMMENDED INTERVALS AND MINIMUM INTERVALS BETWEEN DOSES
AS SPECIFIED BY OKLAHOMA IMMUNIZATION REGULATIONS FOR SCHOOL
FOR CHILDREN 6 YEARS OF AGE AND YOUNGER**

Children who are behind may receive doses at the minimum intervals, but they are not required to follow the minimum intervals, but rather a medically approved schedule.

Vaccine and Dose Numbers	Recommended Interval to Next Dose	Minimum Interval to Next Dose
Hepatitis B (HepB)		
dose 1 to dose 2	1- 4 months	4 weeks
dose 2 to dose 3	2-17 months	8 weeks and at least 16 weeks after HepB dose 1
Diphtheria-tetanus-acellular pertussis (DTaP)		
dose 1 to dose 2	2 months	4 weeks
dose 2 to dose 3	2 months	4 weeks
dose 3 to dose 4	6 -12 months	6 months ¹
dose 4 to dose 5 ²	3 years or at 4-6 years of age	6 months
Inactivated poliovirus (IPV)		
dose 1 to dose 2	2 months	4 weeks
dose 2 to dose 3	2-14 months	4 weeks
dose 3 to dose 4 ³	3 to 5 years after 3 rd dose or at 4-6 years	4 weeks
Measles-mumps-rubella (MMR)		
dose 1 to dose 2	3 to 5 years after 1 st dose or at 4-6 years	4 weeks ⁴
Varicella (Var)		
dose 1 to dose 2	3 to 5 years after 1 st dose or at 4-6 years	12 weeks ⁵
Hepatitis A (HepA)		
dose 1 to dose 2	6-18 months	6 months

Notes:

“Months” refers to calendar months.

¹The minimum recommended interval between DTaP-3 and DTaP-4 is six months. However, DTaP-4 does not need to be repeated if it was administered at least four months after DTaP-3.

² If the fourth dose of DTaP is administered on or after the child’s fourth birthday then the fifth dose of DTaP is not recommended or required.

³ If the third dose of polio vaccine is administered on or after the child’s fourth birthday then the fourth dose of polio is not recommended or required.

If both oral polio vaccine (OPV) and IPV were given as part of a series, a total of four doses should be given even if the third dose was given on or after the fourth birthday.

⁴ The second dose of MMR is routinely recommended at age four to six years but it may be given as soon as 4 weeks after the first dose.

⁵ The second dose of varicella is routinely given between four and six years of age, preferably before the child enters kindergarten, but it can be administered as soon as 12 weeks after the first dose. However, if it is given even sooner it does not have to be repeated as long as the 1st and 2nd doses are separated by at least 28 days.

The 4-day grace period allows doses administered 4 days or less before the minimum age or interval to be counted as valid doses. These doses do not have to be repeated.



MMR Vaccine Fact: About 1 child in 5 who receives MMR vaccine will get a mild rash or fever beginning a week or two after vaccination. These reactions last for a few days.

The schedule is different for children seven years of age and older who have not completed their immunizations. The table below lists the recommended time intervals and the minimum time intervals between doses.

RECOMMENDED AND MINIMUM INTERVALS BETWEEN DOSES AS SPECIFIED BY OKLAHOMA IMMUNIZATION REGULATIONS FOR SCHOOL FOR STUDENTS 7 YEARS OF AGE AND OLDER

Vaccine and Dose Numbers	Recommended Interval to Next Dose	Minimum Interval to Next Dose
Hepatitis B (HepB)		
dose 1 to dose 2	1 month	4 weeks
dose 2 to dose 3	5 months	8 weeks and at least 16 weeks after dose 1
Adult HepB dose 1 to 2 ¹	4-6 months	4 months
Td/Tdap²		
dose 1 to dose 2	1 month	4 weeks
dose 2 to dose 3	6-12 months	8 weeks If 1 st dose given at <12 months of age 6 months If 1 st dose given at ≥12 months of age
dose 3 to booster		6 months If 1 st dose given at <12 months of age
IPV		
dose 1 to dose 2		4 weeks
dose 2 to dose 3		4 weeks
dose 3 to dose 4	6 months	4 weeks
MMR		
dose 1 to dose 2	1 month	4 weeks
Varicella (chickenpox)		
dose 1 to dose 2 ³	3 months	12 weeks ⁴
Hepatitis A (HepA)		
dose 1 to dose 2	6-18 months	6 months

Notes:

¹ Adolescents 11 through 15 years of age who have not started the hepatitis B vaccine series have the option of receiving adult hepatitis B vaccine manufactured by Merck, Inc. in a two dose series instead of the usual three dose series of pediatric hepatitis B vaccine to fulfill the hepatitis B vaccine requirement. All other age groups including children 16 years of age and older must receive a total of three doses of hepatitis B vaccine to be fully immunized. If an adolescent starts the two dose hepatitis B vaccine series and does not complete it by the 16th birthday, the adolescent must receive a third dose of pediatric hepatitis B vaccine.

² Tdap (tetanus and diphtheria toxoids and acellular pertussis vaccine) should be substituted for a single dose of Td in the primary catch-up series or as a booster if the child is age 11 years or older; use Td for other doses.

³ The second dose of varicella is not required for school attendance in Oklahoma.

⁴ Do not repeat the second dose of varicella in children less than 13 years of age if it was administered 28 or more days after the first dose.

Tracking Student Records

A recommended method for keeping track of all students in the process of receiving immunizations is a file indexed by month. A notation for each child still needing an immunization is made and filed by the month the next immunization is due according to the schedule for completion provided to the parent by their physician or clinic or the recommended schedule. The file can be reviewed at the end of each month to identify students who need immunizations. School staff can also check the Oklahoma State Immunization Information System (OSIIS) to determine vaccination status and make a note of the date when the next dose/s are due.

OSIIS may also be used to find out if the student has had an immunization. If the record is not in OSIIS or if the school does not have access to OSIIS the parents must be contacted to provide an updated immunization record. If your school does not have access to OSIIS and you would like to utilize the registry, please call (405) 271-7200 for enrollment information. There is no charge for OSIIS. Schools must have web access to use the system.

EXEMPTIONS FROM THE IMMUNIZATION REQUIREMENTS

Exemptions from the immunization requirements are authorized by law for medical, religious, and personal reasons. Exemptions are not intended for students who are immune to a particular disease because they have had the disease. **Students who are immune to a disease from having had the disease, for example, chickenpox, do not need exemption certificates.** The date or approximate date the child had the disease should be recorded on the child's immunization record in place of the immunization date. Not all diseases result in immunity; refer to the STUDENTS WHO HAVE HAD A VACCINE-PREVENTABLE DISEASE/S section which follows, for information on what is needed to document immunity. Below is a summary of information concerning exemptions including procedures for their authorization.

Types of Exemptions

Medical

In Section 1210.193 the law states that any minor child, through his parent or guardian, may submit to the health authority charged with the enforcement of the required immunization program, a certificate (record) signed by a licensed physician stating that the physical condition of the child is such that the immunization would endanger the life or health of the child and thus be exempted from the immunization requirements.

Religious

Exemptions based on religious objections to immunizations are also allowed. The parent/guardian or religious leader must present a signed written statement summarizing their objections to immunizations.

Personal

Exemptions may also be authorized for children whose parents or guardians object to immunizations for personal reasons or on philosophical grounds but are not necessarily members of a church or group that subscribes to religious beliefs contrary to the practice of immunizations. The parent or guardian must present a brief written statement summarizing his or her objections to immunizations. **Lost or unobtainable immunization records are not a valid reason for a personal exemption.**

Exemption Procedures

Parents are required to submit a waiver request for immunization exemptions in writing. The Immunization Service provides Certificate of Exemption forms (Oklahoma Department of Health Form #216A) for use in recording exemptions. These forms may be ordered by calling the Immunization Service at (405) 271-4073. Schools should maintain a small supply of Certificate of Exemption forms for parents and guardians claiming an exemption from the immunization requirements for their children. The Immunization Service does not routinely distribute exemption forms to parents as this tends to increase the possibility the parent will not return the form to the school. Parents are referred to schools to obtain the forms.

It is the parent or guardian's responsibility to complete and sign the form for personal exemptions. Either a parent or the religious leader may sign religious exemptions. A physician must sign medical exemptions. Parents should then return the entire form to the school. School officials must review the form to ensure that it has been properly completed, is legible, and signed. A copy of the form or statement must be kept on file in the student's cumulative record and a copy must be sent to the Immunization Service for approval. Parents should be informed that their child might be excluded from school in the event of an outbreak of a disease for which their child is exempted.

Each exemption submitted to the Immunization Service is reviewed for validity and accuracy. If the exemption is determined to be invalid, the form or statement will be returned to the school along with a letter explaining the reason why the exemption is invalid. If the exemption is valid the form is returned to the school marked with an approval stamp. The Immunization Service does not keep a copy of the exemption certificate.

Oklahoma's immunization law does not require a new exemption form to be filed every year. It is the policy of the Immunization Service to accept exemption forms filed when the child entered the school system. Exemption forms should accompany children when they transfer between schools. Schools should not keep the exemption form of a transferring student. If a student transfers into Oklahoma schools from another state, an exemption form must be completed to comply with Oklahoma law. If an exemption form has been misplaced, a new form should be completed, but if an exemption form is on file, an additional form is not needed unless vaccine requirements change for the grade level of the child, such as when new vaccines are added for students entering the 7th grade to which the student does not have a previous exemption.

The Immunization Service distributes exemption forms to schools and childcare providers. Parents who ask for exemption forms at a clinic or county health department will be referred to the school to obtain a form. This process assures that schools are not bypassed.

If a parent needs a copy of a previously filed exemption form, they must obtain it from the school. If a copy of the original exemption is not available, the parent must complete a new form. The Immunization Service does not provide copies of previously filed exemption forms for parents.

School Exclusion of Exempted Children During Disease Outbreaks

Unimmunized children attending school on the basis of an exemption are at high risk for disease if exposed. For their protection and the protection of the community, these children may be excluded from school for the duration of any outbreak of a vaccine-preventable disease, which could be a lengthy period of time. It is important that parents are informed of this possibility at the time the school accepts the exemption. **The decision to exclude children with exemptions is made by the Commissioner of Health.** If a decision has been made to exclude children with exemptions during the course of a disease outbreak, local or state health department personnel will notify school authorities in person.

Oklahoma
Exemption Fact:
Only 1% of children entering kindergarten in Oklahoma have an exemption on file to one or more vaccines as reported in the annual kindergarten survey.

STUDENTS WHO HAVE HAD A VACCINE-PREVENTABLE DISEASE/S

State law allows for waiving immunization requirements for a child “likely to be immune from having had the disease”. While some diseases such as measles confer lifelong immunity, others such as pertussis and tetanus do not. Also, some diseases, such as chickenpox, are easy to recognize and diagnose while others such as rubella are extremely difficult to recognize or diagnose. For these reasons the definition of immunity varies by disease and the following rules apply to the determination of “likely to be immune from having had the disease.”

Students with Histories of Having Had Hepatitis

Since hepatitis may be caused by a number of viruses and other substances such as drugs, toxins, or alcohol, documentation of hepatitis disease must include laboratory results confirming that the infection was hepatitis A or hepatitis B virus or both. This will ensure that the child is vaccinated appropriately. If the parents cannot obtain a copy of the laboratory results, the child must receive the vaccine for the disease in question.

Students with Unconfirmed Histories of Having Had Rubella

Rubella is very difficult to diagnose solely on clinical grounds. The disease rarely has typical symptoms. Many other diseases can cause symptoms similar enough that laboratory testing must be performed to confirm the diagnosis of rubella. For these reasons, a parent's statement that the child has had rubella or a physician's diagnosis of rubella is not specific enough to satisfy the requirement "likely to be immune" and is not accepted unless laboratory test results are available confirming the infection.

Students with Unconfirmed Histories of Having Had Measles

State regulations require that for the measles immunization to be waived the parent or guardian must present a certificate from a licensed physician or public health authority that indicates the child has had the disease. Parents frequently confuse other illnesses that cause a rash, such as rubella and roseola with measles. In the past, many children whose parents listed histories of measles have become infected with the disease during outbreaks in schools. Parents may be informed that there is no increased risk of reaction from receiving the MMR (measles, mumps, and rubella vaccine) if a child has already had these diseases.

Students with a History of Having Had Chickenpox

The requirement for varicella (chickenpox) vaccine may be waived if a parent states their child has had chickenpox or if the child had chickenpox diagnosed by a physician. Laboratory evidence of immunity is not required but is also acceptable.

CHILDREN OLDER THAN THE RECOMMENDED AGE FOR CERTAIN VACCINES

Some childhood vaccines are not routinely recommended or licensed for older children and adolescents. A different type or formula of vaccine may be available to protect against the same diseases, but in some cases vaccination is no longer recommended. As a result, when a child reaches the age when a vaccine is not indicated, the child should not receive the vaccine. Two vaccines required for school fall into this category: DTaP and polio vaccine. Although it will be rare that a school encounters a child who has not completed the primary series of DTaP or polio vaccine, it can happen.

DTaP Vaccine

Since DTaP vaccine is not licensed for use in individuals seven years of age and older, children who have not completed the DTaP series by seven years of age or have not received any DTaP vaccine must complete the series with Td and/or Tdap. Only four doses, not five, of Td and/or Tdap are required to complete the series at age seven years or older.

The number of doses needed to complete the required primary series depends on whether the student has received prior doses of diphtheria-containing vaccine and the age at which the child received the first dose. Students will fall into one of the following two categories:

1. First dose given at less than 12 months of age -
Primary series is 4 doses.
2. First dose given at 12 months of age or older -
Primary series is 3 doses.

Children who complete the DTaP/Td/Tdap series at age seven years or older and receive a dose of Tdap as part of the series are not required to receive a booster dose of Tdap upon entering the 7th grade. All other students who completed the DTaP series prior to age seven years are required to receive a booster dose of Tdap before entering the 7th grade beginning with the 2011-2012 school year.

Polio Vaccine

Routine polio vaccination of persons eighteen years of age and older residing in the United States is not recommended. Therefore, students eighteen years of age and older who have not completed the polio vaccine series or who never started the polio vaccine series are not required to receive it to attend school.



TRANSFER STUDENTS

Any student transferring to a school within Oklahoma must present acceptable evidence of immunization to the receiving school or file an exemption. No grace period is allowed for the parents of transfer students to present records with the exception of children who are in the household of an active duty member of the military. If records are unavailable, the parent or guardian should be referred to the health care provider who administered the immunizations to the child to obtain a record. The family physician or local health department may be able to provide assistance in obtaining records or administering any needed vaccines.

Children of Military Families

According to the Interstate Compact on Educational Opportunity for Military Children which was added to Oklahoma's School Law in 2008 (Title 70 Section 510.1 Article IV Section C) the state of Oklahoma must allow thirty days from the date of enrollment for military students to obtain any immunizations required in Oklahoma that were not required in the state where the child previously attended school. If more than one dose of a vaccine is required, such as Hepatitis A vaccine which is a two dose series, the first dose in the series must be received within thirty days of enrollment and the remaining doses must be completed according to a medically approved schedule. For more information, see page 5.

STUDENTS WITH LOST OR UNAVAILABLE IMMUNIZATION RECORDS

If parents cannot locate their child's immunization record and the record is not in OSIS (Oklahoma State Immunization Information System) the parents should contact the clinic where the immunizations were given, the child's previous school, and/or the immunization registry in the state or city where the child previously resided to obtain a copy of the record. Parents may want to consult the following website for ideas on finding immunization records: <http://www.vaccineinformation.org/topics/oldrecords.asp>.

If a record still cannot be found, the parent should be referred to a physician or clinic. The physician can provide any required vaccines that are needed as well as furnish a new immunization record. With record in hand, the child can then be admitted to school as "in the process" of receiving the required vaccines. It may be necessary to repeat some of the vaccines or arrange blood tests to determine the child's immunity. Physicians and parents have the option of performing blood testing for measles, mumps, rubella, varicella, hepatitis A, hepatitis B, polio, tetanus, and diphtheria to establish whether or not the child is immune to these diseases. Blood testing for immunity is not a service offered at county health departments in Oklahoma but may be obtained at private laboratories. Parents of children who must complete a series of any vaccine should be encouraged to ask their health care provider, clinic, or county health department for a schedule showing when the child will receive the next dose in the series and when the series will be complete. If they do not provide a schedule to the

school, school personnel may provide the parents with a copy of the schedules on pages 12 and 14.

CHILDREN IN SCHOOL PRIOR TO KINDERGARTEN

Children enrolled in pre-school programs prior to kindergarten must be up-to-date for their age with the required vaccines or be in the process of receiving the appropriate immunizations based on their age. The Routine Recommended Childhood Immunization Schedule should be followed as closely as possible (see below). The shaded areas in the schedule represent a range of ages when the vaccines may be given. Children are not past due for a vaccine until they pass the oldest recommended age for a vaccine. For example, children are not past due for the 4th DTaP until they are 19 months of age. Please note: the fifth DTaP, fourth polio, and second MMR are not required until the child enters kindergarten. If children fall behind in immunizations, the minimum intervals between doses must still be observed. These intervals are listed on page 12.

Routine Recommended Immunization Schedule for Vaccines Required to Attend School in Oklahoma for Children Birth through 6 Years of Age

Birth	1 mo	2 mos	4 mos	6 mos	12 -15 mos	18 mos	4-6 yrs
HepB Dose 1	HepB Dose 2			HepB Dose 3			
	DTaP Dose 1	DTaP Dose 2	DTaP Dose 3	DTaP Dose 4		DTaP Dose 5	
	IPV Dose 1	IPV Dose 2	IPV Dose 3			IPV Dose 4	
				MMR Dose 1		MMR Dose 2	
				Varicella Dose 1		Varicella Dose 2	
				Hep A (2 doses separated by 6 to 18 months)			



Measles Fact: the term “measles” probably comes from a Latin word meaning “miserable”.

ENFORCEMENT OF THE SCHOOL IMMUNIZATION LAW

The major responsibility for implementation of the immunization law lies with the local school districts. The Oklahoma Attorney General has ruled that it is the duty of school officials (i.e., principals) to refuse admission to any school in the State of Oklahoma, including private schools, to any child who does not have a record of the required immunizations or an exemption. School officials are responsible for informing parents and guardians of the immunization requirements and ensuring that evidence of immunization or proper exemption is presented before the child is allowed to attend school. Denial of admission to school is the school administrator's most effective tool for enforcement of the law.

The school administrator's legal responsibility is fulfilled when he or she denies admission to students who are not in compliance with the law. *The responsibility for obtaining the child's immunizations or immunization record belongs to the parents.*

School officials may utilize the Oklahoma Cumulative Health Record (Oklahoma Department of Health Form #216) to transcribe each child's immunization history from the parent's record, but schools are not required to use this form. Schools may utilize any form or method, including electronic records, approved by the school district. Schools are simply required to maintain a record of immunization for all children in attendance. The school should never keep the parent's personal copy of the child's immunization record. The most important concern regarding storage of the records is quick and easy access for health department staff in the event of a disease outbreak.

Penalties for Non-Enforcement

Legal penalties for non-enforcement may include the administrator/principal being charged with willful neglect of duty, which is a misdemeanor punishable by fines of up to \$500.00 or imprisonment for up to one year, or both.

Five Simple Steps to Enforce the Immunization Law

1. Obtain copies of the immunization records of all students as they enroll from:
 - The parent or
 - OSIIS (Oklahoma State Immunization Information System)
 - Provide Exemption Certificates to parents who request them.

Reference:

Students with Lost or Unavailable Immunization Records

Page 20

2. Review each record for the required vaccines and the required number of doses. Review each exemption certificate for completeness and accuracy, i.e., correct date of birth, etc.

References:

Vaccines Required by School Year and Grade Level in Oklahoma
Students Who Have Had a Vaccine-Preventable Disease/s

Page 9

Page 17

3. If the record is in a foreign language and you can't determine which vaccines the child has received, return the record to the parent for translation or refer to:

Reference:

Translation of Foreign Records

Page 11

4. If a child has no immunization record or has not started the required vaccine series inform the parents the child must receive the first dose in the required series of vaccines before the child can be admitted to school.
5. If a child has started receiving the required vaccines but has not completed all the doses in the series, inform the parents the child must complete the series on a medically approved schedule. These parents should obtain "past due" vaccines for their children as soon as possible and the remaining vaccines according to a medically approved schedule. These children may be admitted to school as they are "in the process of receiving" the required immunizations. Their progress should be monitored until the immunizations are completed.

Reference:

Children in the Process of Receiving Immunizations

Page 11

SCHOOL IMMUNIZATION RECORD REVIEWS

Representatives of the State Department of Health periodically review immunization records at schools and conduct an annual survey of kindergartners to assess immunization levels and monitor compliance with state law. These record reviews help the Immunization Service assess the risks for vaccine-preventable disease outbreaks throughout the state. The most commonly identified problems are students in attendance without immunization records or exemptions on file and/or students with unconfirmed histories of disease. These problems are addressed in previous sections of this booklet. Please refer to those sections for guidance in correcting these problems. Another common problem is students who need to be revaccinated because they received some doses of vaccine too soon or when they were too young. This problem is addressed below.

Students Needing Revaccination Due to Doses Received Too Soon

Children vaccinated before the minimum age for a vaccine or before the minimum interval between doses are required to repeat any dose or doses given too soon. The repeat dose should be administered no sooner than the minimum interval recommended for that dose counting from the date of the invalid dose. For example, if a child receives an MMR five or more days before their first birthday, the MMR is not a valid dose and must be repeated. Since the minimum interval between doses of MMR is

four weeks, the repeat dose should be scheduled at least four weeks after the invalid dose. Similarly, if a child receives the second dose of hepatitis A vaccine four months after the first dose, the second dose is invalid and must be repeated six calendar months after the invalid dose. Remember, the four-day grace period applies to the minimum ages and minimum intervals. See page 6 for additional information on the four-day grace period.

VACCINES CURRENTLY NOT REQUIRED BY OKLAHOMA'S SCHOOL IMMUNIZATION LAW

The following vaccines are recommended for all children and adolescents but are not required by Oklahoma school immunization regulations at this time:

- Rotavirus vaccine (RV)
- Pneumococcal conjugate vaccine (PCV)
- *Haemophilus influenzae* type b vaccine (Hib)
- Meningococcal vaccine (MCV4 & MPSV4)
- Influenza vaccine
- Human papillomavirus vaccine (HPV)
- Second dose of varicella vaccine

When vaccine requirements change, the Oklahoma State Department of Health Immunization Service notifies, by letter, all school principals and all clinics and physicians that routinely provide vaccines to children.

Diphtheria Fact: The first Nobel Prize in medicine (1901) was awarded to the scientist, Emil Adolph von Behring, who developed the first antitoxin for diphtheria.

DTaP vaccine was licensed in 1996. DTaP is an improved form of the old DTP vaccine. Some children may have received both DTP and DTaP which is acceptable.

REPORTING OF STUDENTS WITH VACCINE-PREVENTABLE DISEASES

School officials are requested to report to their local health department or to the Oklahoma State Department of Health Communicable Disease Division at (405) 271-4060, any child ill or suspected to be ill with measles, mumps, rubella, diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, hepatitis A, or hepatitis B. Local or state health officials confirm all such reports before any outbreak control measures are instituted or before any children with exemptions are excluded from school.

Rubella Fact: The last major rubella epidemic in the United States was in 1964-1965. An estimated 12.5 million people got the disease including 20,000 babies who were born with congenital rubella syndrome.

OKLAHOMA STATE IMMUNIZATION INFORMATION SYSTEM

The Oklahoma State Immunization Information System (OSIIS) is a statewide immunization registry operated by the Oklahoma State Department of Health, designed to collect and maintain accurate, complete, and current immunization records for Oklahomans of all ages. All county health departments and over six hundred other private clinics, Indian Health Service, tribal, and other public clinics routinely use OSIIS.

OSIIS provides participating clinics, schools, and childcare facilities with on-line access to the immunization records of children immunized by any participating provider. Some health care providers do not use OSIIS so some records cannot be found in OSIIS. Schools may access OSIIS through the Internet after they have obtained authorization from the Immunization Service. OSIIS benefits schools by providing quick easy access to immunization records, even if the child received vaccines at more than one clinic. OSIIS is available at no cost. To obtain access to OSIIS, school personnel may call the Immunization Service at (405) 271-4073.

IMMUNIZATION SERVICES IN OKLAHOMA

Immunizations may be obtained from private physicians or county health departments statewide. To obtain information concerning these services, please contact your local county health department. To find your local county health department visit the Oklahoma State Department of Health website at http://www.ok.gov/triton/modules/health/map/county_map.php.

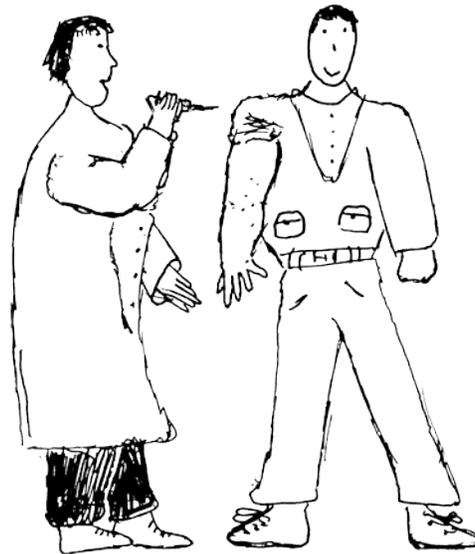
Approximately 1 child out of every 500 who gets chickenpox must be hospitalized and approximately 1 in every 100,000 will die from chickenpox.

FORMS AND SUPPLEMENTAL MATERIALS

Forms helpful with implementation of the School Immunization Law, such as the Oklahoma Cumulative Health Record (ODH Form No. 216) and the Certificate of Exemption (ODH Form No. 216A) are available from the Immunization Service. Additional copies of this guide may be obtained by calling the Immunization Service at the number below.

The Immunization Service also maintains a supply of pamphlets and other information materials concerning immunizations and vaccine-preventable diseases. These materials can be ordered by writing or telephoning:

Immunization Service
Oklahoma State Department of Health
1000 N.E. 10th Street
Oklahoma City, OK 73117-1299
Toll Free Telephone Number: 1-800-234-6196
Telephone Number: (405) 271-4073
Fax Number: (405) 271-6133



Hepatitis A Fact: Even though the diseases are quite different, the hepatitis A virus is closely related to the poliovirus.

APPENDIX A

Oklahoma's School Immunization Law

§70-1210.191. Certification - School children - List of immunization tests required.

A. No minor child shall be admitted to any public, private, or parochial school operating in this state unless and until certification is presented to the appropriate school authorities from a licensed physician, or authorized representative of the State Department of Health, that such child has received or is in the process of receiving, immunizations against diphtheria, pertussis, tetanus, haemophilus influenzae type B (HIB), measles (rubeola), rubella, poliomyelitis, varicella, and hepatitis A or is likely to be immune as a result of the disease.

B. Immunizations required, and the manner and frequency of their administration, as prescribed by the State Board of Health, shall conform to recognized standard medical practices in the state. The State Department of Health shall supervise and secure the enforcement of the required immunization program. The State Department of Education and the governing boards of the school districts of this state shall render reasonable assistance to the State Department of Health in the enforcement of the provisions hereof.

C. The State Board of Health, by rule, may alter the list of immunizations required after notice and hearing. Any change in the list of immunizations required shall be submitted to the next regular session of the Legislature and such change shall remain in force and effect unless and until a concurrent resolution of disapproval is passed. Hearings shall be conducted by the State Board of Health, or such officer, agents or employees as the Board of Health may designate for that purpose. The State Board of Health shall give appropriate notice of the proposed change in the list of immunizations required and of the time and place for hearing. The change shall become effective on a date fixed by the State Board of Health. Any change in the list of immunizations required may be amended or repealed in the same manner as provided for its adoption. Proceedings pursuant to this subsection shall be governed by the Administrative Procedures Act.

D. The State Department of Education and the governing boards of the school districts of this state shall provide for release to the Oklahoma Health Care Authority of the immunization records of school children covered under Title XIX or Title XXI of the federal Social Security Act who have not received the required immunizations at the appropriate time. The information received pursuant to such release shall be transmitted by the Oklahoma Health Care Authority to medical

providers who provide services to such children pursuant to Title XIX or Title XXI to assist in their efforts to increase the rate of childhood immunizations pursuant to the requirements of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services provisions. The provisions of this subsection shall not be construed to prohibit or affect the eligibility of any child to receive benefits pursuant to Title XIX or Title XXI of the Social Security Act or to require the immunization of any child if such child is exempt from the immunization requirements pursuant to law. The name of any child exempt from immunization pursuant to Section 1210.192 of this title shall not be included in the information transmitted pursuant to this subsection. Added by Laws 1970, c. 225, § 1, emerg. eff. April 15, 1970. Amended by Laws 1976, c. 262, § 1, emerg. eff. June 17, 1976; Laws 1998, c. 175, § 1, eff. Nov. 1, 1998; Laws 1998, c. 412, § 3, eff. Nov. 1, 1998.

NOTE: Laws 1998, c. 95, § 2 and Laws 1998, c. 177, § 2 repealed by Laws 1998, c. 412, § 8, eff. Nov. 1, 1998.

§70-1210.192. Exemptions.

Any minor child, through the parent, guardian, or legal custodian of the child, may submit to the health authority charged with the enforcement of the immunization laws of this state:

1. A certificate of a licensed physician as defined in Section 725.2 of Title 59 of the Oklahoma Statutes, stating that the physical condition of the child is such that immunization would endanger the life or health of the child; or

2. A written statement by the parent, guardian or legal custodian of the child objecting to immunization of the child; whereupon the child shall be exempt from the immunization laws of this state.

Added by Laws 1970, c. 225, § 2, emerg. eff. April 15, 1970.

Amended by Laws 1998, c. 181, § 4, eff. Nov. 1, 1998.

§70-1210.193. Administration - Parents unable to pay

The immunizations will be administered by a licensed physician, someone under his direction, or public health department. If the parents or guardians are unable to pay, the State Department of Public Health shall provide, without charge, the immunization materials required by this act to such pupils. The parents, guardian or person having legal custody of any child may claim an exemption from the immunizations on medical, religious or personal grounds.

Laws 1970, c. 225, Section 3; Laws 1976, c. 262, Section 2. Emerg. eff. June 17, 1976.

APPENDIX B
TITLE 310. CHAPTER 535. OKLAHOMA STATE DEPARTMENT OF HEALTH
IMMUNIZATION REGULATIONS

SUBCHAPTER 1. CHILDHOOD IMMUNIZATIONS

310:535-1-2. Criteria for immunizations required

(a) Each child shall present certification that he or she has received or is receiving the immunizations as specified below before he or she is admitted to any public, private, or parochial school.

(b) Certification shall include the following:

(1) Diphtheria, Tetanus and Pertussis (DTP/DTaP) vaccine in five doses unless the fourth dose is received on or after the fourth birthday in which case only four doses are required. If the doses are not completed by the seventh birthday, the series must be completed with Adult Td vaccine and/or Tdap vaccine based on the individual's age at the time the first dose was received and age at the time the series is completed and beginning with the fall 2011-12 school year one dose of Tdap vaccine for students entering the seventh grade. Each year following the 2011-12 school year, the Tdap requirement shall be extended one grade level so that in the 2016-17 school year and all subsequent school years, students in grades seven through twelve shall be required to have received one dose of Tdap vaccine.

(2) Poliomyelitis vaccine in four doses unless the last dose is on or after the fourth birthday in which case only three doses are required. If the doses are not started or completed by the eighteenth birthday, no additional doses are required.

(3) Measles, Mumps and Rubella (MMR) vaccine with the first dose on or after the first birthday and the second dose at least twenty-eight days thereafter for children in grades kindergarten through eighth grade in the school year beginning in 1998. In the school year beginning in 1999, this requirement shall apply to the children through the ninth grade. Each year thereafter the requirement shall be extended one grade level so that in the school year beginning in 2002, children in all grades shall be required to have the second dose of vaccine.

(4) Hepatitis B vaccine in three doses for students of any age or two doses for students eleven through fifteen years of age who complete the alternative dosage schedule providing that the alternative schedule is fully documented. Such documentation must include the name of the vaccine and the dosage received for each dose of that vaccine:

(A) before entering seventh and eighth grades in 1998. In the school year beginning in 1999, this requirement shall apply to the children entering the seventh through ninth grades. Each year thereafter the requirement shall be extended one grade level so that in the school year beginning in 2002, children in grades seven through twelve shall be required to have the three doses of the vaccine.

(B) before entering kindergarten in 1998. In the school year beginning in 1999, this requirement shall apply to the children entering kindergarten and first grade. Each year thereafter the requirement shall be extended one grade level so that in the school year beginning in 2004, all children entering school shall be required to have the three doses of the vaccine.

(5) Hepatitis A vaccine in two doses with the first dose on or after the first birthday and the second dose six to eighteen calendar months later:

(A) before entering kindergarten in 1998. In the school year beginning in 1999, this requirement shall apply to the children entering kindergarten and first grade. Each year thereafter the requirement shall be extended one grade level so that in the school year beginning in 2004, all children entering school shall be required to have the two doses of the vaccine.

(B) before entering grade seven in 1998. In the school year beginning in 1999, this requirement shall apply to the children entering the seventh and eighth grade. Each year thereafter the requirement shall be extended one grade level so that in the school year beginning in 2003, children in grades seven through twelve shall be required to have the two doses of the vaccine.

(6) Varicella (chickenpox) vaccine in one dose on or after the first birthday: before entering kindergarten in 1998. In lieu of vaccination, a parent's statement of a history of the disease chickenpox will be accepted. In the school year beginning in 1999, this requirement shall apply to the children entering kindergarten and first grade. Each year thereafter the requirement shall be extended one grade level so that in the school year beginning in 2010, all children entering school shall be required to have the vaccine or a parent's statement of a history of the disease chickenpox.

(c) The minimum intervals between doses and minimum ages for doses shall be as follows:

(1) DTP/DTaP:

(A) First and second dose - 4 weeks

(B) Second and third dose - 4 weeks

(C) Third and fourth dose - 4 months

(D) Fourth and fifth dose - 6 months

(E) For all fifth doses given after January 1, 2003 the minimum age for the fifth dose is 4 years of age

(2) Polio:

(A) First and second dose - 4 weeks

(B) Second and third dose - 4 weeks

(C) Third and fourth dose - 4 weeks

(3) MMR: First and second dose - 4 weeks

(4) Hepatitis B 3-dose series:

(A) First and second dose - 1 month (4 weeks)

(B) Second and third dose - 2 months (8 weeks), and the third dose at least 4 months (16 weeks) after first dose, and the third dose not before 24 weeks of age

(5) Hepatitis B 2-dose series: First and second dose - 4 months

(6) Hepatitis A: First and second dose -- 6 months and for all doses given on or after January 1, 2003, 6 months will be defined as 6 calendar months

(7) Four day grace period: Vaccine doses administered 4 days or less before the minimum intervals or ages listed in the preceding sections will be counted as valid.

(d) A child, through his parent or guardian, may apply for an exemption from this requirement by submitting a form to the school. The school shall maintain a copy of the application in the child's records and send a copy to the Department for approval.

(1) A request for exemption for medical reasons shall contain a certificate signed by a physician stating that the physical condition of the child is such that the immunization would endanger the life or health of the child and that the child should be exempt for immunization.

(2) A request for exemption for religious or other personal reasons shall contain a signed written statement from the parent or guardian stating a summary of the objections. Lost or unobtainable immunization records are not a ground for personal exemption.

(e) A child participating in a pre-kindergarten school program shall have received or be in the process of receiving the appropriate immunization for the listed diseases based on the child's age.

(f) The Department may grant exemptions or substitutions in the immunization schedule based on a medical history of a physical condition such that the immunization would endanger the life or health of the child or a medical history stating the child is likely to be immune as a result of having had a vaccine-preventable disease if the following are met:

(1) A history of having had diphtheria and/or tetanus is not acceptable as proof of immunity since infection with diphtheria or tetanus may not render an individual immune to either of these diseases,

(2) A history of having had polio, pertussis, rubella, mumps, hepatitis B, or hepatitis A must be supported by laboratory evidence to be acceptable as proof of immunity to these diseases,

(3) A history of having had measles must be accompanied by a statement from a physician, public health authority, or laboratory evidence to be acceptable as proof of immunity to measles,

(4) A parental history of having had varicella is acceptable evidence of immunity to varicella.

(g) Haemophilus influenzae type B (Hib) vaccine is not a requirement for children attending pre-kindergarten, kindergarten, or school.

(h) In some circumstances, the United States Food and Drug Administration may approve the use of an alternative dosage schedule for an existing vaccine. These alternative schedules may be used to meet the requirements only when the alternative schedule is fully documented. Such documentation must include the name of the vaccine and dosage received for each dose of that vaccine.

APPENDIX C
Commonly Used Vaccines with Common Abbreviations and Brand Names

Common Vaccine Names and Acronyms for Vaccines **Required** for School in Oklahoma

Vaccine Abbreviations, Generic Names, Trade Names	Meaning of Name and the Disease(s) the Vaccine Provides Protection Against
ACEL-IMUNE®	Diphtheria/ Tetanus/ acellular Pertussis vaccine
ADACEL™	Tetanus/ Diphtheria/ Pertussis
Attenuvax®	Measles♦
Boostrix™	Tetanus/ Diphtheria/ Pertussis
Certiva™	Diphtheria/ Tetanus/ Pertussis
COMVAX™	3-dose Hib and HepB (hepatitis B) vaccine
DAPTACEL™	Diphtheria/ Tetanus/ Pertussis
Decavac	Adult Tetanus/ Diphtheria vaccine
DT	Pediatric Diphtheria/ Tetanus vaccine
DTaP	Diphtheria/ Tetanus/ acellular Pertussis vaccine
DTaP/IPV	Diphtheria/ Tetanus/ acellular Pertussis/ Inactivated Polio vaccines
DTP	Diphtheria/ Tetanus/ Pertussis vaccine♦
DTwP	Diphtheria/ Tetanus/ whole cell Pertussis vaccine♦
Engerix-B®	Hepatitis B vaccine
HAV	Hepatitis A vaccine
Havrix®	Hepatitis A vaccine
HbOC	Hib (<i>Haemophilus influenzae</i> type b) vaccine
HBV	Hepatitis B vaccine
HepB	Hepatitis B vaccine
Heptavax®	Hepatitis B vaccine
Infanrix™	Diphtheria/ Tetanus/ acellular Pertussis vaccine
Ipol®	Inactivated Polio vaccine
IPV	Inactivated Polio vaccine
Kinrix™	Diphtheria/ Tetanus/ acellular Pertussis/ Polio vaccines
Meruvax II®	Rubella♦
MMR	Measles, mumps, rubella vaccines
MMRV	Measles, mumps, rubella, varicella vaccines
MR	Measles/Rubella vaccine♦

Mumpsvox®	Mumps vaccine◆
OPV	Oral polio vaccine◆
ORIMUNE®	Oral polio vaccine◆
Pediarix™	DTaP-HepB-IPV
Pentacel®	DTaP-IPV/Hib vaccines
ProQuad®	MMRV (Measles, mumps, rubella and varicella) vaccines
Recombivax HB®	HepB vaccine
Sabin	Live attenuated oral polio vaccine◆
Salk	Inactivated polio vaccine
Td	Tetanus/diphtheria vaccine for
Tdap	Tetanus/diphtheria/ acellular pertussis vaccine for
Tripedia®	DTaP vaccine
Twinrix®	Hepatitis A/Hepatitis B
VAQTA®	Hepatitis A vaccine
Varicella	Varicella (chickenpox) vaccine
Varivax®	Varicella (chickenpox) vaccine
VZV	Varicella zoster vaccine (chickenpox vaccine)

◆No longer available in the U.S.

Common Vaccine Names and Acronyms for Vaccines **Not Required** for School in Oklahoma

Vaccine Abbreviations, Generic Names, Trade Names	Meaning of Name and the Disease(s) the Vaccine Provides Protection Against
ActHIB®	Hib (<i>Haemophilus influenzae</i> type b) vaccine
Afluria®	Trivalent inactivated influenza vaccine
BCG	Bacille Calmette-Guerin (tuberculosis vaccine) Not used in the U.S.
Cervarix®	Human papillomavirus vaccine
Fluarix®	Trivalent inactivated influenza
Flumist®	Live attenuated influenza
Fluvirin®	Trivalent inactivated influenza
FluLaval®	Trivalent inactivated influenza
Fluzone®	Trivalent inactivated influenza
Gardasil®	Human papillomavirus vaccine
HbOC	Hib (<i>Haemophilus influenzae</i> type b) vaccine

Hiberix®	Hib (<i>Haemophilus influenzae</i> type b) vaccine
HibTITER®	Hib (<i>Haemophilus influenzae</i> type b) vaccine
HPV	Human papillomavirus vaccine
LAIV	Live attenuated influenza vaccine
MCV4	Meningococcal conjugate vaccine 4-valent
Menactra®	Meningococcal conjugate vaccine 4-valent, A,C,Y,W-135
Menomune®	Meningococcal polysaccharide vaccine 4-valent, A,C,Y,W-135
Menveo®	Meningococcal conjugate vaccine, A,C,Y,W-135
MPSV or MPSV4	Meningococcal polysaccharide vaccine 4-valent, A,C,Y,W-135
OmniHIB™	Hib (<i>Haemophilus influenzae</i> type b) vaccine
PCV or PCV7	Pneumococcal conjugate vaccine 7-valent
PCV or PCV13	Pneumococcal conjugate vaccine 13-valent
PedvaxHIB®	3-dose Hib (<i>Haemophilus influenzae</i> type b) vaccine
Pneumovax 23®	Pneumococcal polysaccharide vaccine 23-valent
PPSV, PPSV23, PPV	Pneumococcal polysaccharide vaccine 23-valent
Prenar®	Pneumococcal conjugate vaccine
ProHIBit™	Hib (<i>Haemophilus influenzae</i> type b) vaccine
Rotarix®	Rotavirus vaccine
RotaTeq®	Rotavirus vaccine
RV	Rotavirus vaccine
TIV	Trivalent inactivated influenza vaccine
TriHIBit®	DTaP/Hib vaccines combined
Zostavax®	Herpes zoster (shingles) vaccine
ZOS	Herpes zoster (shingles) vaccine

"It is unacceptable that any child of the 21st century - let alone three million - die each year because we fail to get them the vaccines they need. If we can make a difference, then we have to make a difference."

Melinda French Gates - Global Health Council 28th Annual Conference, May 31, 2001

Abbreviations Routinely Used in Canada and
Abbreviations for Vaccines Available in Canada

DTaP-IPV-Hib-HB	Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, <i>Haemophilus influenzae</i> type b, & Hepatitis B Pediatric
HA	Hepatitis A
HAHB	Hepatitis A and B vaccines combined
HA-Typh-I	Hepatitis A and Typhoid
HB	Hepatitis B
HBTmf	Hepatitis B - Thimerosal free
Inf	Influenza vaccine
Men-C	Meningococcal – Conjugate type C
Men-P-AC	Meningococcal – Polysaccharide types AC
Men-P-ACWY	Meningococcal – Polysaccharide types ACWY
Pneu-C-7	Pneumococcal-Conjugate – 7 valent
Pneu-P-23	Pneumococcal-Polysaccharide – 23 valent
Td-IPV or TdP	Tetanus, Diphtheria, Inactivated Polio - adult

Record-breaking vaccine access: New World Health Organization (WHO) data shows that global vaccination rates have reached all-time highs, rebounding from years of decline in the 1990s. Between 2000 and 2009, the percentage of children receiving 3 doses of DTP vaccine in the poorest countries of the world jumped from 66 percent to 79 percent, the highest on record.

The number of people who died of measles worldwide fell by **77 percent** between 2000 and 2008, and **in Africa, measles deaths fell by 92 percent** due to vaccination.

“Vaccines are a miracle—with just a few doses, they can prevent deadly diseases for a lifetime,” said Melinda Gates. “We’ve made vaccines our number-one priority at the Gates Foundation because we’ve seen firsthand their incredible impact on children’s lives.”

Comparison Chart of Vaccines Used in Mexico and Vaccines Used in Oklahoma

Vaccine Name Nombre de la Vacuna	Name of Disease		Equivalent Vaccine/s Used in Oklahoma and the U.S.
	Spanish	English	
BCG	Tuberculosis	Tuberculosis	BCG (not used in U.S.)
ANTIHEPATITIS B	Hepatitis B	Hepatitis B	HepB
PENTAVLENTE ACELULAR DPaT + VIP + Hib	Difteria Tos Ferina Tetanos Poliomelitis Infecciones por <i>H Influenzae</i> tipo b (Hib)	Diphtheria Pertussis Tetanus Poliomyelitis/Polio <i>Haemophilus influenzae</i> type b (Hib)	DTaP Hib DTaP-IPV/Hib (Pentacel®) Pediarix (DTaP+IPV+HepB) Comvax (HepB + Hib)
DPT	Difteria Tos Ferina Tetanos	Diphtheria Pertussis Tetanus	DTP – No longer used in the U.S., equivalent to DTaP
ROTAVIRUS	Gastroenteritis causada por rotavirus	Gastroenteritis caused by rotavirus	Rotavirus vaccine, RV
NEUMOCOCCICA CONJUGADA 7 Valente	Infecciones por Neumococo	Infection with Pneumococcal bacteria	PCV, PCV7, PCV13
ANTIINFLUENZA	Influenza	Influenza/Flu	Influenza vaccines, TIV, LAIV
TRIPLE VIRAL/SRP (MMR)	Sarampion Rubeola Parotiditis or Paperas	Measles Rubella Mumps	MMR
SR	Sarampion Rubeola	Measles, Rubella	MR - No longer available in U.S.
Td	Tetanos Difteria	Tetanus, Diphtheria	Adult Td
SABIN (OPV) & IPV	Poliomelitis	Polio	IPV
VARICELA	Varicela	Varicella (chickenpox)	Varicella
HEPATITIS A	Hepatitis A	Hepatitis A	Hepatitis A
VPH	Virus del papiloma humano	Human papillomavirus	HPV