

# HSR 7 Quick Reference Guide

## Immunization Requirements 2016-2017 School Year

### 3 year olds and 4 year olds (PRE K)

✓ *HIB and PCV not routinely administered to children  $\geq$  5 years of age.*

4 doses of DTP, DTaP, DT

3 doses of Polio

1 dose of MMR<sup>1</sup> on/after 1<sup>st</sup> birthday

3 doses of HIB with the 3<sup>rd</sup> dose given on/after 1<sup>st</sup> birthday and at least 2 months since dose #2 **OR** 1 dose on/after 15 months of age

4 doses of PCV<sup>2</sup> with one given after 1<sup>st</sup> birthday **OR** 1 dose on/or after 24 months of age

3 doses of Hepatitis B<sup>1</sup>

1 dose of Varicella<sup>1</sup> on/after 1<sup>st</sup> birthday (if the child has **NOT** had chickenpox)

2 doses of Hepatitis A<sup>1</sup> on/after 1<sup>st</sup> birthday (must allow **18 months** between doses\*)

### Kindergarten – Sixth Grade

✓

*Ages 7 years and older, 3 doses of DTP containing vaccine with one dose on/after 4<sup>th</sup> birthday.*

5 doses of DTP, DTaP, DT with one on/after 4<sup>th</sup> birthday **OR** 4 doses if one dose is on/after the 4<sup>th</sup> birthday

4 doses of Polio with one on/after 4<sup>th</sup> birthday **OR** 3 doses if one dose is on/after 4<sup>th</sup> birthday

2 doses of MMR<sup>1</sup> on/after 1<sup>st</sup> birthday

3 doses of Hepatitis B<sup>1,3</sup>

2 doses of Varicella<sup>1</sup> on/after 1<sup>st</sup> birthday (if the child has **NOT** had chickenpox)

2 doses of Hepatitis A<sup>1</sup> on/after 1<sup>st</sup> birthday (must allow **18 months** between doses\*)

### Seventh Grade

3 doses of DTP, DTaP, DT, Td, Tdap with one on/after 4<sup>th</sup> birthday, **AND** 1 dose of Tdap within the last 5 years. Td is acceptable in lieu of Tdap if a contraindication to pertussis exists.

4 doses of Polio with one on/after 4<sup>th</sup> birthday **OR** 3 doses if one dose is on/after 4<sup>th</sup> birthday

2 doses of MMR<sup>1</sup> on/after 1<sup>st</sup> birthday

3 doses of Hepatitis B<sup>1,3</sup>

2 doses of Varicella<sup>1,4</sup> on/after 1<sup>st</sup> birthday (if the child has **NOT** had chickenpox)

2 doses of Hepatitis A<sup>1</sup> on/after 1<sup>st</sup> birthday (must allow **18 months** between doses\*)

1 dose of quadrivalent meningococcal conjugate vaccine (MCV or MenACWY) on or after the student's 11<sup>th</sup> birthday

### Eighth – Twelfth Grade

3 doses of DTP, DTaP, DT, Td, Tdap with one on/after 4<sup>th</sup> birthday, **AND** 1 dose of Tdap is required within the last 10 years. Td is acceptable in lieu of Tdap if a contraindication to pertussis exists.

4 doses of Polio<sup>5</sup> with one on/after 4<sup>th</sup> birthday **OR** 3 doses if one dose is on/after 4<sup>th</sup> birthday

2 doses of Measles<sup>1</sup>, 1 dose of Mumps<sup>1</sup> and 1 dose of Rubella<sup>1</sup> on/after the 1<sup>st</sup> birthday

3 doses of Hepatitis B<sup>1,3</sup>

2 doses of Varicella<sup>1,4</sup> on/after 1<sup>st</sup> birthday (if the child has **NOT** had chickenpox)

1 dose of quadrivalent meningococcal conjugate vaccine (MCV or MenACWY) on or after the student's 11<sup>th</sup> birthday

This chart summarizes the vaccine requirements in Title 25 Health Services, §§ 97.61-97.72 of the Texas Administrative Code. This chart is not intended as a substitute for consulting the Texas Administrative code, which has other provisions and details. [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?ac\\_view=5&ti=25&pt=1&ch=97&sch=B&rl=Y](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?ac_view=5&ti=25&pt=1&ch=97&sch=B&rl=Y)

\*The recommended interval for Hepatitis A vaccine between dose #1 and dose #2 is 6-18 months. School nurses or officials cannot **require** dose #2 until at least 18 months have passed since dose #1.

\*\*All vaccine doses administered up to and including 4 days before the minimum interval of age will satisfy school entry immunization requirements

<sup>1</sup> Serologic confirmation of immunity to Measles, Mumps, Rubella, Hepatitis A, Hepatitis B, or Varicella or serologic evidence of infection is acceptable in place of vaccine.

<sup>2</sup> Other schedules may apply.

<sup>3</sup> 2 doses of adult formulation Hepatitis B (Recombivax) administered to a child 11-15 years old are acceptable if manufacturer and mL are clearly documented.

<sup>4</sup> Previous chickenpox illness may be documented with a written statement from a **physician, school nurse, or the child's parent or guardian** containing wording such as: **"This is to verify that (name of student) had chickenpox disease on or about (date) and does not need varicella vaccine."** This written statement will be acceptable in place of any and all Varicella vaccine doses required.

<sup>5</sup> Polio vaccine is not required for students 18 years or older.

**NOTE: This Reference Guide MAY change depending on immunization requirement changes made by DSHS after the revision date.**

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