

What immunizations are required?

All children are required to be immunized by schedule for DT, DTP or DtaP; OPV or IPV; Hep B; Hib; MMR; Td; and varicella. (See below for description of vaccines)

It is the responsibility of the parent to abide by all state regulations of the Immunization Program for attendance at day care centers, certified family child care homes, other licensed facilities which care for children, preschool programs, and public and private primary and secondary schools.

Summary of Immunization Requirements for School, Daycare & Head Start (Refer to 902 KAR 2:060 for details on exceptions and exemptions)

If a child is this age	These immunizations are required for attendance
<3 months	None
≥3 - <5 months	1 DTaP or DTP; 1 IPV or OPV; 1 Hib; 1 Hep B
≥5 - <7 months	2 DTaP or DTP, or combination of the two; 2 IPV or OPV, or combination of the two; 2 Hib; 2 Hep B
≥7 - <12 months	3 DTaP or DTP, or combination of the two; 2 OPV or IPV, or combination of the two; 3 Hib ¹ ; 2 Hep B
≥12 - <16 months	3 DTaP or DTP, or combination of the two; 2 OPV or IPV, or combination of the two; 3 Hib ^{1,2} ; 3 Hep B
≥16 - <19 months	4 DTaP or DTP, or a combination of the two; 2 OPV or IPV, or a combination of the two; 4 Hib ^{1,2} ; 3 Hep B; 1 MMR ≥ 12 months of age
≥19 - 49 months	4 DTaP or DTP, or a combination of the two; 3 OPV or IPV, or a combination of the two; 4 Hib ^{1,2} ; 1 MMR ≥ 12 months of age; 1 Varicella ³ ; 3 Hep B
≥49 months - <5 years	4 DTaP or DTP, or a combination of the two; 3 OPV or IPV, or a combination of the two; 4 Hib ^{1,2} ; 1 MMR ≥ 12 months of age & 2 nd measles containing vaccine; 3 Hep B; 1 Varicella ³
≥ 5 years - <7 years	5 DTaP or DTP ⁴ , or a combination of the two; 4 OPV or IPV ⁵ , or a combination of the two; 1 MMR ≥ 12 months of age & 2 nd measles containing vaccine; 3 Hep B; 1 Varicella ³
≥7 years	5 DTaP or DTP ⁴ , or combination of the two; 1 dose of Td or Tdap ⁷ given at 11-12 years of age, if at least five (5) years ⁵ has elapsed since the last dose of DTaP, DTP, TT, DT or Td; 4 OPV or IPV nd , or combinations of the two; 1 MMR ≥ 12 months of age & 2 nd measles containing vaccine for children born 10/01/90 or later; 3 Hep B ⁶ for those born 10/1/92 or later
At 6 th grade entry	1 MMR ≥ 12 months of age and 2 nd measles containing vaccine; 3 Hep B ⁶
≥10 years since last DTaP, DTP or Td	1 Td or Tdap ⁷

Notes:

1. If first two doses of Hib vaccine were meningococcal protein conjugate, the third dose may be omitted and the child shall be considered as having received three (3) doses.
2. If Hib vaccine has been administered on or after 15 months of age, the child is not required to have further doses.
3. One (1) dose of varicella, unless a parent, guardian, or physician states that the child has had chickenpox disease.
4. If the 4th dose of DT, DTP or DTaP was administered on or after the fourth birthday, the fifth dose shall not be required.
5. If the 3rd dose of IPV or OPV was administered on or after the fourth birthday, the fourth dose shall not be required.
6. Children 11-15 years of age may receive an alternate two-dose series consisting of two 10 mcg doses of Merck's RecombivaxHB separated by 4-6 months.
7. Tdap may be used for the booster dose at 11-12 years of age in place of Td. Tdap is a one time dose and should not be used for the primary series. Two brands are available. Please review your product for the appropriate age for your brand.

What immunizations are recommended?

Vaccines that are recommended by the Advisory Committee on Immunization Practices (ACIP) may prevent certain types of infectious disease but are not currently required for entry into schools or daycares.

Meningococcal vaccine (MCV4). Meningococcal conjugate vaccine (MCV4) should be given to all children at the 11–12 year old visit as well as to unvaccinated adolescents at high school entry (15 years of age). Other adolescents who wish to decrease their risk for meningococcal disease may also be vaccinated. All college freshmen living in dormitories should also be vaccinated, preferably with MCV4, although **meningococcal polysaccharide vaccine (MPSV4)** is an acceptable alternative. Vaccination against invasive meningococcal disease is recommended for children and adolescents aged ≥ 2 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high risk groups; use MPSV4 for children aged 2–10 years and MCV4 for older children, although MPSV4 is an acceptable alternative. The Centers for Disease Control and Prevention (CDC) is currently recommending that the 11-12 year old dose be deferred due to temporary shortages of vaccine.

Pneumococcal vaccine. The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children aged 2–23 months and for certain children aged 24–59 months. The final dose in the series should be given at age ≥ 12 months. Pneumococcal polysaccharide vaccine (PPV) is recommended in addition to PCV for certain high-risk groups.

Influenza vaccine. Influenza vaccine is recommended annually for children aged ≥ 6 months with certain risk factors (including, but not limited to, asthma, cardiac disease, sickle cell disease, human immunodeficiency virus [HIV], diabetes, and conditions that can compromise respiratory function or handling of respiratory secretions or that can increase the risk for aspiration), healthcare workers, and other persons (including household members) in close contact with persons in groups at high risk. In addition, healthy children aged 6–59 months and close contacts of healthy children aged 0–59 months are recommended to receive influenza vaccine because children in this age group are at substantially increased risk for influenza-related hospitalizations. For healthy persons aged 5–49 years, the intranasally administered, live, attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). Children receiving TIV should be administered a dosage appropriate for their age (0.25 mL if aged 6–35 months or 0.5 mL if aged ≥ 3 years). Children aged ≤ 8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).

Hepatitis A vaccine (HepA). HepA is recommended for all children at 1 year of age (i.e., 12–23 months). The 2 doses in the series should be administered at least 6 months apart. States, counties, and communities with existing HepA vaccination programs for children 2–18 years of age are encouraged to maintain these programs. In these areas, new efforts focused on routine vaccination of 1-year-old children should enhance, not replace, ongoing programs directed at a broader population of children. HepA is also recommended for certain high risk groups.

Rotavirus vaccine. Rotavirus is recommended for all children between 6 weeks and 32 weeks. Children should receive 3 doses of rotavirus vaccine. They are recommended at these ages:

First Dose: 2 months of age

Second Dose: 4 months of age

Third Dose: 6 months of age

Children should have gotten all 3 doses by 32 weeks of age. Rotavirus vaccine may be given at the same time as other childhood vaccines. Rotavirus vaccine is an oral (swallowed) vaccine; it is not given by injection. Children who get the vaccine may be fed normally afterward.

Vaccines

DT	Diphtheria, Tetanus
DTP or DtaP	Diphtheria, Tetanus, Pertussis or acellular pertussis
OPV or IPV	Polio
Hep B	Hepatitis B
Hib	Haemophilus Influenzae Type B
MMR	Measles, Mumps, Rubella
Td	Tetanus and Diphtheria
Varicella	Chicken Pox vaccine