



## **Instructions on How to Complete the Annual School Immunization Survey**

In accordance with Kentucky Regulation [902 KAR 2:055](#) public and private elementary and secondary schools shall submit results for the Commonwealth of Kentucky Annual School Immunization Survey for Kindergarten, Seventh, and Eleventh grades.

Surveys for the 2023-2024 school year will be completed in REDCap. Schools need to complete surveys for Kindergarten, Seventh, and Eleventh grades. Click the link for the applicable grade(s) to complete the survey.

Please complete all the required fields (as indicated by an \*).

If applicable, you may use the Annual School Immunization Survey worksheets and instructions to collect the data needed for you to complete the survey.

Click “submit” after completing all fields. You will be in compliance for survey submission once all four (4) sections of the survey are complete and submitted. Once submitted please download a copy of your survey submission to keep for your records. The Kentucky Immunization Program requests you keep all survey materials on file until April 30<sup>th</sup>, 2024, in case further questions arise as part of the data cleaning process.

**IMPORTANT:** Please note that once you submit your survey you will not be able to make any changes. If you need to edit your survey, please DO NOT submit a new survey. Instead, kindly get in touch with the School Immunization Survey Coordinator at [nimmi.lavu@ky.gov](mailto:nimmi.lavu@ky.gov) to update the survey you already submitted.

**If you miss the December 31<sup>st</sup>, 2023, deadline, you may be subject to a full certificate audit later in 2024.**

### **Links to the surveys:**

**Kindergarten:** [https://redcap.link/2023\\_kindergarten\\_immunizations](https://redcap.link/2023_kindergarten_immunizations)

**Seventh Grade:** [https://redcap.link/2023\\_seventhgrade\\_immunizations](https://redcap.link/2023_seventhgrade_immunizations)

**Eleventh Grade:** [https://redcap.link/2023\\_eleventhgrade\\_immunizations](https://redcap.link/2023_eleventhgrade_immunizations)

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## **Immunization Survey Information**

Schools should use these instructions as a guide to complete the REDCap survey. Vaccine specific instructions (Section 4) are not included in this document. They can be found directly on the survey in REDCap for each specific grade.

All surveys are to be completed by December 31<sup>st</sup>, 2023. If you do not complete the survey by this date, your school district may be subject to a full certificate audit in the spring.

***The survey form cannot be changed because its content is written in legislation (for further details, refer to 902 KAR 2:055). The following instructions are intended for clarity and to explain how to complete the survey.***

<b>SECTION 1- REQUESTER NAME AND CONTACT INFORMATION</b>	
<b>VARIABLES ON SURVEY</b>	<b>INSTRUCTIONS</b>
<b>First and Last Name</b>	Enter the name of the individual who is completing the survey.
<b>Credentials</b>	Select the professional credentials, if applicable, for the person completing the survey. E.g. 1) Nurse (APRN/RN/LPN) 2) Other Local Health Department personnel 3) Other- please explain below
<b>Contact Phone Number</b>	Please give your contact number
<b>Contact Email Address</b>	Please give a school email address and not your personal email
<b>Date Survey Completed</b>	Enter the date MM-DD-YYYY

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SECTION 2- DEMOGRAPHICS	
VARIABLES ON SURVEY	INSTRUCTIONS
County	Choose the corresponding county the school is located in from the dropdown
Type of Facility	Select the appropriate button for public or private.
School District <i>Will appear only if you select Public in the above question</i>	Enter the name of the district where your school is located. If you choose Daycare/Other you will be asked to explain
School/Facility Name	Enter the name of your school.
School/Facility Address City Zip Code	Enter the School's full address including City and Zip code
School/Facility Contact Number	Please enter the schools contact number
Where does your school get the data to complete this survey	Select from: 1)Report is pulled from Infinite Campus 2)Manual count of immunization certificates and vaccine doses 3)Independent Electronic Health Records (EHR) 4)Other, please explain below
Worksheet/Report used to complete survey, please upload here <i>Optional</i>	You can upload the IC report or Worksheet here as long as there is no Personally Identifiable Information (PII) for the individual child included such as social security number or birthday.

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SECTION 3- TOTALS & IMMUNIZATION/CERTIFICATE SECTION	
VARIABLES ON SURVEY	INSTRUCTIONS
<b>Total Number Enrolled</b>	Enter the number of children enrolled in <i>the specific grade</i> at the time the survey is completed.  <b>DO NOT include children who are only receiving services if they are enrolled at another facility. ONLY the immunization status of enrolled children will be reported on this survey.</b> <b>All remaining questions ONLY pertain to enrolled children.</b>
<b>Total Number Homeschooled</b> <i>If applicable</i>	Enter the number of homeschooled children who participate in school extracurricular activities.
<b>GRAND TOTAL AUTO POPULATES</b>	(# Enrolled + # Homeschooled)
<b>Current/Up to Date/Compliant Certificate</b>	Please provide the number of children who currently have updated immunization certificates on file based on the ACIP schedule and KAR regulations appropriate to the child's age. Exclude any certificates that have a medical exemption or religious objection from this total.
<b>Expired / Not Up to Date / Noncompliant Certificate</b>	Please indicate the number of children with expired, not up-to-date, or noncompliant certificates.
<b>No Shots</b> <i>Appears only if utilizing Infinite Campus to complete the survey</i>	Please indicate the number of children with no shots on file
<b>No Certificate on File</b>	Please indicate the number of children who do not have a certificate on file.

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<b>Medical Exemption</b>	Enter the number of children who have a medical exemption for some or all recommended immunizations. If a child has a medical exemption, but has had some vaccinations, please record the total number of doses for each immunization a child has received in the Vaccination-Specific section of the survey.
<b>Religious Objection</b> <i>KRS 214.036 requires parents who object to immunization of their child to provide a written sworn statement objecting to immunization of the child on religious grounds.</i>	<p>Please indicate the number of children who have religious objections to some or all recommended immunizations. If a child has a religious objection but has received some vaccinations, please record the total number of doses for each immunization in the Vaccination-Specific section of the survey.</p> <p>Required documentation: An EPID 230A form, Commonwealth of Kentucky Parent or Guardian's Declination on Religious Grounds to Required Immunizations, shall:</p> <ol style="list-style-type: none"><li>1. Be valid for the requirements of Section 2 of this administrative regulation;</li><li>2. List the immunizations that a parent or guardian objects to being administered to a child based on religious grounds;</li><li>3. Be an original document written, sworn, and signed before a notary public; and</li><li>4. Be submitted at the time of enrollment in a child care facility or school.</li></ol>

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## Kindergarten Immunization Requirements

Vaccine	Required Doses	Notes
DTaP/DTP	<b>4 doses</b>	·4 doses are acceptable if the 4th dose is given on or after the 4th birthday
Polio (IPV/OPV)	<b>3 doses</b>	·3 doses are acceptable if the 3rd dose is given on or after the 4th birthday and is at least 6 months after the previous dose
Hepatitis B	<b>3 doses</b>	N/A
Hepatitis A	<b>2 doses</b>	N/A
MMR	<b>2 doses</b>	·First dose must be given on or after the 1st birthday; ·2nd dose must be given at least 28 days after dose 1
Varicella	<b>2 doses</b>	·First dose must be given on or after the 1st birthday; ·2nd dose must be given at least 28 days after dose 1;

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## Seventh Grade Immunization Requirements

Vaccine	Required Doses	Notes
Tdap	<b>1 dose</b>	N/A
Meningococcal (MenACYW)	<b>1 dose</b>	N/A
Hepatitis B	<b>3 doses</b>	·Or 2 doses of adult HepB to be used as alternative for adolescents aged 11 through 15 years
Hepatitis A	<b>2 doses</b>	N/A
MMR	<b>2 doses</b>	·First dose must be given on or after the 1st birthday; ·2nd dose must be given at least 28 days after dose 1
Varicella	<b>2 doses</b>	·First dose must be given on or after the 1st birthday; ·2nd dose must be given at least 28 days after dose 1;

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## Eleventh Grade Immunization Requirements

Vaccine	Required Doses	Notes
Tdap	<b>1 dose</b>	N/A
Meningococcal (MenACYW)	<b>2 doses</b>	·Or 1 dose of MenACYW if that dose was received at age 16 or older
Hepatitis B	<b>3 doses</b>	·Or 2 doses of adult HepB to be used as alternative for adolescents aged 11 through 15 years
Hepatitis A	<b>2 doses</b>	N/A
MMR	<b>2 doses</b>	·First dose must be given on or after the 1st birthday; ·2nd dose must be given at least 28 days after dose 1
Varicella	<b>2 doses</b>	·First dose must be given on or after the 1st birthday; ·2nd dose must be given at least 28 days after dose 1;

**For any questions contact:**

**School Immunization Survey Coordinator: Nimmi Lavu, MPH**

**Email: [nimmi.lavu@ky.gov](mailto:nimmi.lavu@ky.gov)**

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