Kentucky
CABINET FOR HEALTH SERVICES
DEPARTMENT FOR PUBLIC HEALTH
DIVISION OF EPIDEMIOLOGY
& HEALTH PLANNING
# Epidemiologic Notes & Reports

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NATIONAL PUBLIC HEALTH WEEK
April 2-8

Division of Epidemiology and Health Planning: Contributions to Public Health

In celebration of National Public Health Week, public health services provided by the Division of Epidemiology and Health Planning are highlighted. Responsibilities of the Division include control of communicable disease, disease surveillance and investigation, injury prevention and research, vital statistics, and health data. The following Public Health services are provided:

- Assessment of the occurrence of and risk factors for preventable diseases and injuries in the Commonwealth
- Policy development related to the prevention of disease and injury
- Assurance of the provision of public health services, primarily through local health departments

The division discharges these core public health functions through the activities of its six branches.

Communicable Disease Branch

The mission of the Communicable Disease Branch is to eliminate, reduce, and control certain communicable diseases. Local health departments provide direct care while branch staff provides training, educational materials, technical and financial assistance, and program planning and evaluation. The branch is also responsible for the Rapid Response Team that provides support to local health departments in controlling disease outbreaks. The three major programs in the branch are described below.

The Immunization Program provides health departments with vaccines against diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, measles, rubella, mumps, hepatitis B, varicella (chicken pox), *Haemophilis influenzae* type b, and hepatitis A, influenza and pneumonia for certain high risk children. The program oversees vaccine procurement, conducts disease surveillance and control, assesses the target population, and informs providers about vaccine-preventable diseases and vaccinations.

This past year, the program distributed vaccine to public and private providers, resulting in the administration of 1,002,672 doses of vaccine to Kentuckians. Local health departments administered 861,214 doses of vaccine, primarily to children from birth to five years of age and to beginning 6th graders. More than 141,458 additional doses were administered by physicians, community health centers, and other agencies, mainly for children receiving Medicaid or without health insurance.

The Tuberculosis (TB) Control Program works to reduce the number of cases and deaths due to TB. In Kentucky 147 cases of TB were reported during 2000. This is a decrease of 62 cases (30%) from the prior year giving Kentucky a statewide case rate of 3.7 cases per 100,000 population. In 2000 Kentucky's rate fell below the national TB case rate of 5.8/100,000.

The Sexually Transmitted Disease (STD) Program seeks to reduce the occurrence and prevent the transmission and debilitating complications of STDs. Priority is given to persons diagnosed or exposed to early syphilis or to Human Immunodeficiency Virus (HIV). The program also places a high priority on the prevention of

Inside This Issue

Division of Epidemiology and Health Planning: Contributions to Public Health (continued)

congenital syphilis infection in neonates. In conjunction with local health departments and selected other sites, the STD program conducts a statewide screening program for gonorrhea and chlamydia infection.

In FY 2000, among 90,102 patients screened, 1,643 gonorrhea and 3,602 chlamydia infections were found. Total cases reported in FY 2000 were 3,377 gonorrhea, 7,575 chlamydia, 288 syphilis, and 565 other STD infections. Program staff conducted 179 interviews with patients diagnosed with early syphilis. These interviews resulted in 30 patients being diagnosed with and treated for syphilis and 92 others being provided with preventive treatment.

Health Data Branch

The Health Data Branch**,** designated as the state's Center for Health Statistics, maintains a public health database, which collects and distributes information that supports health assessment and planning. The branch compiles data at the county level on health status indicators, demographic trends, and related socioeconomic factors. Within the last year, the branch published the *Kentucky Annual Vital Statistics Report* and published the second edition of a new series of annual reports, *Kentucky County Health Profiles*. Staff also provided responses to 467 requests for vital statistics data.

Health Policy Development Branch

The Health Policy Development Branch provides public and private sectors with timely and accurate information on the cost, quality, and outcomes of health services; conducts research and analysis on health policy; and supports development of a statewide health information system. The Health Policy Development Branch was responsible for the following activities:

Implementation of Senate Bill 343 which requires the collection of health cost data from providers, hospitals, and health facilities and a permanent advisory committee to define quality outcomes measurements and advise the Cabinet for Health Services on data interpretation. A data regulation, 902 KAR 17:050, was developed by the branch and approved by the legislature in November of 2000. The Health Policy Branch also updated regulation 902 KAR 17:040 to establish fines for non-compliance with state health data collection requirements. The branch has processed more than 1,500,000 records on health care utilization, both inpatient and outpatient during this year.

Surveys, data collection, and published reports relating to home health, long-term care, hospice, ambulatory surgery, and acute care, rehabilitation, and psychiatric hospitals. These Annual Facility Utilization Reports were published in the summer and fall of 2000 with more than 875 copies distributed.

The branch was responsible for editing and publishing *Healthy Kentuckians 2010*, a document that provides an updated agenda for Kentucky's health. Nearly 800 copies of this document have been distributed. Kentucky is one of only five states to develop a state document as a companion to the national Healthy People 2010.

HIV/AIDS Branch

The HIV/AIDS Branch protects, promotes, and monitors the health of the public by prevention of HIV transmission and its associated morbidity and mortality. Staff in the four sections of the HIV/AIDS Branch carry out this mission.

The HIV Counseling and Testing program offers anonymous and confidential HIV antibody testing, free of charge, in all 120 Kentucky counties through local health departments. Some counties also provide these services to inmates of local jails or prisons. Currently, there are 181 state-sponsored HIV counseling and testing sites in Kentucky. In fiscal year 2000, of 19,924 persons served at Department for Public Health-sponsored counseling and testing sites, 127 were found to be HIV infected.

HIV/AIDS Surveillance is charged with recording and reporting HIV and AIDS cases diagnosed in Kentucky. The staff compiles and distributes statistical reports to more than 850 recipients. The surveillance component completed 228 HIV case reports (a decrease of 33 from the previous year) and 198 AIDS case reports (a decrease of 103 from the same period last year).

HIV/AIDS Prevention consists of three programs: Professional Education, HIV Prevention Community Planning, and Targeted HIV Prevention. The

Division of Epidemiology and Health Planning: Contributions to Public Health (continued)

Professional Education Program reviews HIV continuing education courses and school curricula for the education criteria mandated in Kentucky. Staff reviewed 222 courses for continuing education about HIV and sent lists of approved HIV/AIDS courses to 3,026 individuals.

The Kentucky HIV Prevention Community Planning Program has a statewide Community Planning Group (CPG). The CPG conducts needs assessments of existing HIV prevention efforts and resources and recommends intervention strategies to reduce the risk of HIV transmission for at-risk populations.

The HIV Prevention Program reached 27,841 persons in fiscal 2000 through the above activities. Five health departments in higher prevalence areas of the state, work with the CPG to target high-risk individuals. This program reached 10,136 persons.

HIV/AIDS Services offers five programs that provide HIV-related services:

The Kentucky HIV Care Coordinator Program employs case managers, based in six regions of the state, to link HIV-positive clients with health and human services for which they are eligible. This program served 1,334 HIV-infected clients during fiscal 1999, a reduction of 64 from the previous fiscal year.

The Kentucky AIDS Drug Assistance Program (KADAP) assists low-income HIV-positive individuals with purchasing up to 30 HIV-related medications. There were 464 low-income individuals who received assistance, an increase of 46 from the past year.

The Kentucky HIV Health Insurance Assistance Program helped 182 persons at risk of losing existing insurance coverage with their premium payments. The Outpatient Health Care and Support Services Program assisted 1,205 clients with physical and mental services, substance abuse treatment, benefits advocacy, and nutrition. Finally, the state-funded HIV Care Consortia Program filled in gaps in support services not covered by federal funding. Additionally**,** 507 HIV-infected persons received support services such as housing, utilities, and nutrition assistance.

Surveillance and Investigation Branch

The Surveillance and Investigation Branch maintains an automated register of all legally mandated disease reports from health care providers, facilities, laboratories, and local health departments. The data are used to provide a sound epidemiological database for departmental decision making in disease prevention and control and health promotion. Data are linked to the national level through the CDC's National Electronic Telephone Surveillance System. The branch publishes disease data, along with other timely health care information in monthly issues of *Epidemiologic Notes and Reports* and distributes them to more than 10,000 health care providers in Kentucky. The branch conducts epidemiological studies and provides technical consultations to private physicians, local health departments, and many other individuals and organizations. In fiscal year 2000, the branch reviewed and confirmed 13,586 reportable diseases and received 7,239 reports of diseases not mandated as reportable; assisted in the investigation of seven outbreaks of diseases, and provided 2,315 consultations relating to diseases.

The Behavioral Risk Factor Surveillance Survey is an ongoing statewide telephone survey of adults to learn about lifestyles and health risk factors. More than 7,500 telephone interviews of adult Kentuckians 18 years of age or older were conducted last fiscal year. The results of the survey were analyzed and reported to CDC for national comparisons.

The State Public Health Veterinarian consults with health professionals, individuals, and the media regarding zoonotic diseases and other animal/human-related issues of public health significance. In fiscal year 2000 consultations on rabies alone numbered 634**.**

The State Injury Prevention Program has two major objectives. One is to maintain a state-of-the-art, population-based, public health injury surveillance system. Surveillance includes:

- Injury case identification from vital statistics death certificates and hospital discharge records
- In-depth surveillance of domestic violence related injuries and firearm fatalities

The second objective is to operate a community-based

Division of Epidemiology and Health Planning: Contributions to Public Health (continued)

injury prevention program that focuses on the major causes of unintentional injury among Kentuckians and the regions of the Commonwealth where injury problems are most prevalent. During the past year this program facilitated the installation of 5,425 lithium battery-powered smoke alarms in homes in rural counties and sponsored the distribution of more than 450 child safety seats to low-income Kentuckians.

Vital Statistics Branch

The Vital Statistics Branch collects, preserves, and protects certificates for births, deaths, marriages, divorces, and induced terminations of pregnancies which occur in Kentucky and issues certified copies as requested. The branch records and provides for people born in Kentucky a means of establishing their legal identity, age, parentage, and nationality. It also makes available a legal document attesting to the date, place, and cause of every death occurring in the Commonwealth.

There were 54,207 births and 335 stillbirths registered, 38,384 deaths registered, 43,035 marriages and 22,779 divorces and annulments registered for fiscal year 2000. There were also 18,686 amended birth records and 1,136 amended death records.

There were 223,989 certified copies of birth certificates and cards issued for fiscal year 2000. The branch also issued 214,653 certified copies of deaths, 2,260 certified copies of marriages, and 1,563 certified copies of divorces. For the fiscal year 1999, $3,496,445 in fees was collected.

Rabies in Kentucky – 2000

Michael Auslander DVM, MSPH

The Division of Laboratory Services and the Breathitt Veterinary Center received 1314 animal specimens for rabies testing in 2000. There were 61 (4.6%) samples unsuitable for testing because of decomposition or extreme traumatic damage to the brain. There were 21 (1.6%) specimens that tested rabies positive; only 6 (28.6% of positives) cases were in domestic animals and the remaining 15 cases were wildlife. (Table 1.)

Table 1. Animals Submitted for Testing and Number of Positives by Species

Species	Number Received	% of Total	Number Positive	% Positive
Canine	435	33.1	4	0.9
Feline	355	27.0	0	0.0
Bovine	64	4.9	1	0.2
Equine	39	3.0	1	2.6
Other Domestic	19	1.4	0	0.0
Rodents	86	6.5	0	0.0
Bat	103	7.8	4	3.9
Skunk	27	2.1	10	37.0
Other Wildlife	186	14.2	1*	0.1
Totals	1314	100.0	21	1.6

* 1 of 26 foxes tested.

Even though the total of 21 rabies cases is 36.2 % lower than the preceding 5-year mean of 32.9 rabies cases, there were 4 positive dogs compared to a mean of 2.5 positive dogs for the preceding 5 years. Even more disturbing is that 3 of the 4 dogs were owned and unvaccinated, and the 4th dog appeared to be a purebred beagle, and therefore, was probably owned before becoming a stray. There should be no rabid dogs in Kentucky since there is a statewide law requiring vaccination against rabies of all dogs. Owned rabid dogs nearly always result in multiple human exposures (2, 8, and 16 exposures in these incidents) necessitating expensive postexposure treatment.

The statewide distribution pattern of positive rabies cases shown in Figure 1 (on page 6) may not be completely representative of rabies activity in the state; it may only reflect the distribution of samples submitted for testing. Almost all the samples submitted were due to some form of suspicious interaction between the animal tested and a human or domestic animal. As expected, skunks accounted for the majority of rabies positive animals in Kentucky. Unlike most of the states east of the Appalachian Mountains, Kentucky does not have a raccoon rabies strain epizootic. The laboratories tested 132 raccoons in 2000, and all were negative.

Rabies in Kentucky – 2000 (continued)

However, the Centers for Disease Control and Prevention consider Kentucky at risk for the introduction of the raccoon rabies variant from West Virginia. Multiple federal and state agencies are actively engaged in preventing the spread of raccoon rabies westward from states in which it is already epizootic.

Reporting of Rabies Postexposure Prophylaxis

Beginning June 16, 1997, rabies postexposure prophylaxis (PEP) became a reportable treatment. This new surveillance activity was mandated in order to estimate how many patients in Kentucky receive this expensive treatment. Surveillance of PEP will allow the Department to follow trends in PEP administration that would reflect any changes in the number of human exposures due to an increase in rabid or suspected rabid animals. This may serve as an early warning of any rabies epizootics. It will also allow the Department to estimate the financial burden of this public health intervention. Both private and public reporters can use the standard reportable disease form (EPID 200). There is an area for PEP information on the second side of the form, which is designed to guide the user through questions that may be useful in determining if PEP is indicated.

For 2000, 109 PEPs were reported on the required EPID 200 form; 95 reports were from 23 health departments and 14 reports were from 5 hospitals. A 1995 survey by the Division of Epidemiology determined that at least as many patients receive PEP from private providers as in health departments. Since hospitals reported only 14 PEPs, it can be estimated that private providers complied with the PEP reporting law less than 15% (14/95) of the time. This is an overestimate of reporting compliance because not all health departments report their PEP as required.

Rabies PEP should not be administered without careful consideration of the exposure because it is expensive ($1,000- 6,000/patient), time consuming for the patient and provider, not always pleasant, and not totally without adverse reactions. Additionally, since human rabies immune globulin is in short supply with occasional periods of unavailability, it should be reserved for those patients for which there is a true indication for administration. For the 109 patients for which PEP was appropriately reported, only 31 (28.4%) of the patients had any contact with an animal that tested positive for rabies, and only 3 of these exposures involved a bite from a rabid animal (1 dog, 2 bat.) The other 28 PEPs in this group resulted from "possible exposure" to saliva from a horse (3) or exposure to saliva from rabid dogs (25).

If people that were bitten and medical providers followed the legally mandated protocols of Kentucky Revised Statute 258, many of the PEP could be avoided. Kentucky Revised Statute 258.065 requires all medical providers, parents of children bitten, or adults bitten that don't require medical care, to report animal bites to the **local health department** within 12 hours of the incident. This provides the opportunity for local health department personnel to either quarantine the animal for observation or have it tested for rabies. If the incident is reported after a lengthy time delay, the chances of recovering the animal for testing or observation are remote. Victims of bites can adversely contribute to the outcome of the event by not capturing the animal or by improperly killing the biting animal. (The brain must remain intact for testing; gunshot to the head or clubbing are not acceptable methods.) In most cases the animal is either killed and disposed of before testing is available, or allowed to escape and not captured for observation or testing. Domestic animals can be quarantined and observed for signs of rabies and 85 (78.0%) of the 104 PEP incidents involved dogs, cats, ferrets or a horse. Only 3 animals were captured out of the 23 wildlife species incidents and 2 of these were negative for rabies upon testing; PEP was completed for 1 of these incidents. In only 33 (30.3%) of the 109 reported PEP incidents was an animal available for observation or testing.

In the 1995 survey and a 1999 review of PEP administered by health departments, only 2 patients each year were found to have a bite exposure from a proven rabid animal. In 2000, review of PEP reports found 3 patients with bite exposures from a proven rabid animal. It appears that there has been little progress toward improving patient selection for PEP. For more information on rabies or reporting of PEP, you may call the Division of Epidemiology and Health Planning at (502)564-3418 or toll free at (888)9REPORT.

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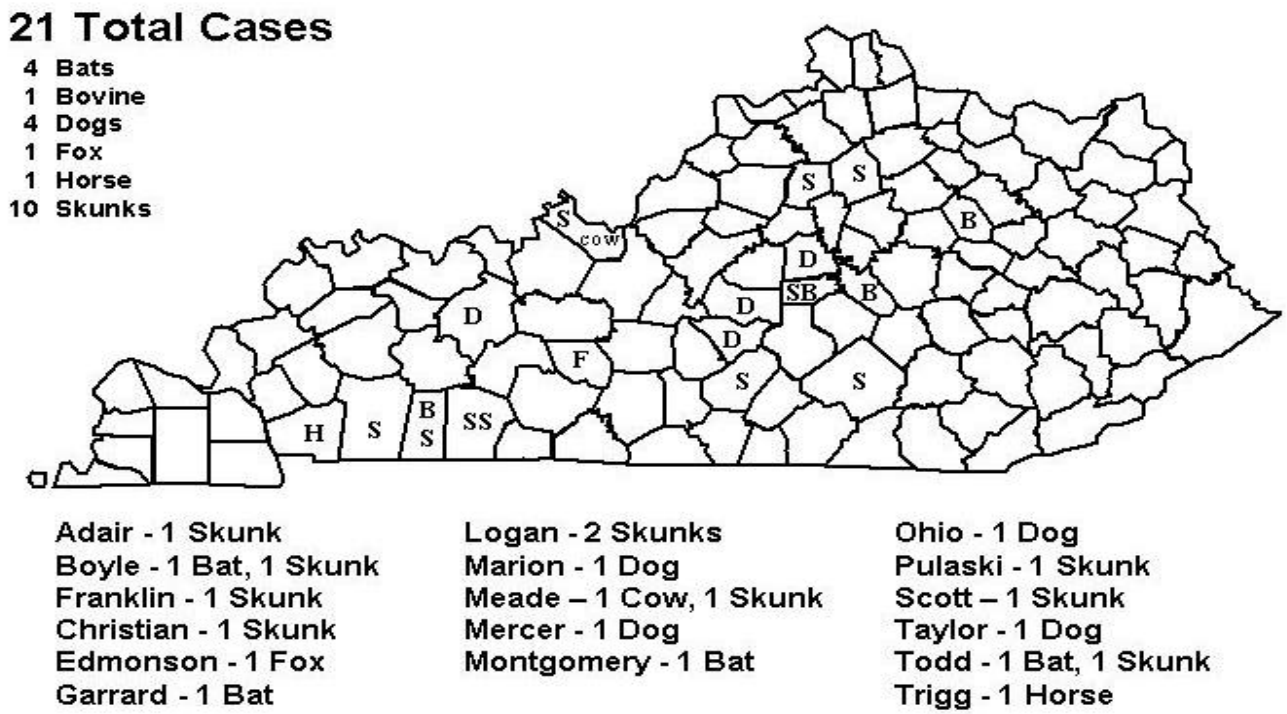
Figure 1. Rabies Cases in Kentucky, 2000



Changes in the Recommended Childhood Immunization Schedule

In keeping with current recommendations by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians, Kentucky has revised the required immunization schedule for children to attend day care centers, certified family child care home, other licensed facilities which care for children, preschool programs, and public or private schools.

Beginning August 1, 2001, all children at least nineteen months of age and less than seven years of age who attend day care centers, certified family child care homes, other licensed facilities which care for children, preschool programs, and public or private schools shall have one dose of varicella vaccine, unless a parent, guardian, or physician states that the child has had chickenpox disease.

Effective August 1, 2001, and through the 2008-2009 school year, all public or private primary schools shall require for sixth grade entry, two doses of hepatitis B vaccine separated by no less than four weeks, and a third dose four to six months after the second dose. If an accelerated schedule is needed, the minimum interval between the first two doses shall be four weeks, and the minimum interval between the second and third doses shall be eight weeks. The first and third doses shall be separated by at least four months. A current immunization certificate shall be on file within two weeks of the child's enrollment as an attendee in the sixth grade. Medical and religious exemptions will still be accepted.

The complete text of 902 KAR 2:060 is reproduced in the following section.

902 KAR 2:060

902 KAR 2:060. Immunization schedules.

RELATES TO: KRS 158.035, 211.090, 211.220, 214.032 to 214.036

STATUTORY AUTHORITY: KRS 194A.050, 211.090(3), 214.034(1) to (4)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 211.180(1)(a) requires the Cabinet for Health Services to implement a statewide program for the detection, prevention and control of communicable diseases. KRS 214.034(1) requires the establishment of immunization schedules by the Cabinet for Health Services. This administrative regulation establishes the mandatory immunization schedule 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.

Section 1. Definitions. (1) "Dose" means a measured quantity of vaccine:

(a) Specified in the package insert provided by the manufacturer; and

(b) Administered at a frequency not less than the shortest interval between doses recommended by the Advisory Committee on Immunization Practices. Partial, split, half or fractionated quantities shall not be counted as a dose.

(2) "DT" means diphtheria and tetanus toxoids combined.

(3) "DTaP" means diphtheria and tetanus toxoids combined with acellular pertussis vaccine.

(4) "DTP" means diphtheria and tetanus toxoids combined with pertussis vaccine.

(5) "HepB" means hepatitis B vaccine.

(6) "Hib" means haemophilus influenzae type b conjugate vaccine.

(7) "IPV" means inactivated polio virus vaccine.

(8) "MMR" means measles, mumps, and rubella vaccines combined.

(9) "Measles-containing vaccine" means a vaccine that contains the measles virus.

(10) "OPV" means trivalent oral poliovirus vaccine (Sabin).

(11) "Td" means combined tetanus and diphtheria toxoids (adult type).

(12) "Varicella" means chickenpox vaccine.

Section 2. Immunizations Required 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. (1) A child three (3) months of age or older shall not attend a day care center, certified family child care home, other licensed facility which cares for children, preschool program, or public or private primary or secondary school unless he or she has a current immunization certificate.

(2) Except as provided in Sections 3 and 5 of this administrative regulation, the immunization certificate of a child shall be considered current if the child is:

(a) At least three (3) and less than five (5) months of age and has received at least:

1. One (1) dose of DTP or DTaP;
2. One (1) dose of OPV or IPV; and
3. One (1) dose of Hib;

(b) At least five (5) and less than seven (7) months of age and has received at least:

1. Two (2) doses of DTP or DTaP or combinations of the two (2) vaccines;
2. Two (2) doses of OPV or IPV or combinations of the two (2) vaccines; and
3. Two (2) doses of Hib;

(c) At least seven (7) and less than twelve (12) months of age and has received at least:

1. Three (3) doses of DTP or DTaP or combinations or the two (2) vaccines;
2. Two (2) doses of OPV or IPV or combinations of the two (2) vaccines; and
3. Except as provided in Section 3(1) of this administrative regulation, three (3) doses of Hib;

(d) At least twelve (12) and less than sixteen (16) months of age and has received at least:

1. Three (3) doses of DTP or DTaP or combinations of the two (2) vaccines;
2. Two (2) doses of OPV or IPV or combinations of the two (2) vaccines; and
3. Three (3) doses of Hib; or
4. Two (2) doses of Hib between twelve (12) and fifteen (15) months of age, except as provided in Section 3(1) of this administrative regulation;

(e) At least sixteen (16) and less than nineteen (19) months of age and has received at least:

1. Four (4) doses of DTP or DTaP or combinations of the two (2) vaccines;
2. Two (2) doses of OPV or IPV or combinations of the two (2) vaccines;
3. Four (4) doses of Hib; and
4. One (1) dose of MMR at age twelve (12) months or older;

(f) At least nineteen (19) and less than forty-nine (49) months of age and has received at least:

1. Four (4) doses of DTP or DTaP or combinations of the two (2) vaccines;
2. Three (3) doses of OPV or IPV or combinations of the two (2) vaccines;
3. Four (4) doses of Hib, except as provided in Section 3(1) of this administrative regulation;
4. One (1) dose of MMR at age twelve (12) months or older; and
5. Beginning August 1, 2001, one (1) dose of varicella, unless a parent, guardian, or physician states that the child has had chickenpox disease;

(g) At least forty-nine (49) and less than five (5) years of age and has received at least:

1. Four (4) doses of DTP or DTaP or combinations of the two (2) vaccines, one (1) of which shall be administered at four (4) years of age or older;
2. Three (3) doses of OPV or IPV or combinations of the two (2) vaccines, one (1) of which shall be administered at four (4) years of age or older;
3. Four (4) doses of Hib, except as provided in Section 3(1) of this administrative regulation;
4. One (1) dose of MMR at twelve (12) months of age or older, and a second dose of measles-containing vaccine;
5. Three (3) doses of Hep B, if he or she was born October 1, 1992 or later; and
6. Beginning August 1, 2001, one (1) dose of varicella vaccine, unless a parent, guardian, or physician states that the child has had chickenpox disease;

(h) At least five (5) and less than seven (7) years of age and has received at least:

1. Four (4) doses of DTP or DTaP or combinations of the two (2) vaccines, one (1) of which shall be administered at four (4) years of age or older;
2. Three (3) doses of OPV or IPV or combinations of the two (2) vaccines, one (1) of which shall be administered at four (4) years of age or older;
3. One (1) dose of MMR at twelve (12) months of age or older, and a second dose of measles-

containing vaccine;

4. Three (3) doses of Hep B, if he or she was born October 1, 1992 or later; and

5. Beginning August 1, 2001, one (1) dose of varicella, unless a parent, guardian, or physician states that the child has had chickenpox disease; or

(i) At least seven (7) years of age and has received:

1. Four (4) doses of DTP or DTaP or combinations of the two (2) vaccines, including one (1) dose at age four (4) years of age or older; or

2. A dose of Td at seven (7) years of age or older, that was preceded by two (2) doses of DTP, DtaP, DT, or Td or combinations of the four (4) vaccines;

3. Three (3) doses of OPV or IPV or combinations of the two (2) vaccines, one (1) of which shall have been administered at four (4) years of age or older;

4. One (1) dose of MMR at twelve (12) months of age or older, and, for children born October 1, 1990 or later, a second dose of measles-containing vaccine; and

5. Three doses of Hep B, if he was born October 1, 1992 or later;

(3) For sixth grade entry, a child shall have received:

(a) One (1) dose of MMR at twelve (12) months of age or older and a second dose of measles-containing vaccine; and

(b) Effective August 1, 2001 and until the 2008-2009 school year, two (2) doses of Hepatitis B separated by no less than four (4) weeks, and a third dose four (4) to six (6) months after the second dose. If an accelerated schedule is needed, the minimum interval between the first two (2) doses shall be four (4) weeks, and the minimum interval between the second and third doses shall be eight (8) weeks. The first and third doses shall be separated by at least four (4) months.

(4) For public or private primary or secondary school attendance, a child shall receive one (1) dose of Td if ten (10) years or more have elapsed since the last dose of DT, DTP, DTaP, or Td.

Section 3. Exemptions to the Immunization Requirements for Attendance at Day Care Centers, Certified Family Child Care Homes, Other Licensed Facilities which Care for Children, Preschool Programs, and Primary and Secondary Schools. (1) If the first two (2) doses of Hib vaccine required in Section 2(2) of this administrative regulation were meningococcal protein conjugate, the third dose may be omitted, and the child shall be considered as having received three (3) doses.

(2) If a dose of Hib vaccine has been administered to a child after age fifteen (15) months, the child shall:

(a) Not be required to receive further doses of Hib; and

(b) Be considered to have received the doses required by this administrative regulation.

(3) A child with a contraindication to pertussis vaccine may be given DT, in lieu of DTP or DTaP as is required in Section 2(2)(a)1, (b)1, (c)1, (d)1, (e)1, (f)1, (g)1, (h)1, and (i)1 of this administrative regulation.

(4) A child with a medical contraindication to receiving a vaccine may obtain, from his attending physician, a "Certificate of Medical Exemption" from the requirements of Section 2 of this administrative regulation, in compliance with KRS 412.036.

(5) A physician, local health department, or medical facility administering immunizations, shall, upon receipt of a written sworn statement and request from the parent or guardian of a child, issue a "Certificate of Religious Exemption" from the requirements of Section 2 of this administrative regulation, in compliance with KRS 412.036.

Section 4. Immunization Certificates. (1) A local health department, physician, or other licensed health facility administering immunizations may obtain the following immunization certificates from the Cabinet for Health Services:

(a) "Commonwealth of Kentucky Certificate of Immunization";

(b) "Commonwealth of Kentucky Certificate of Medical Exemption";

(c) "Commonwealth of Kentucky Childhood Immunization Law Certificate of Religious Exemption"; or

(d) "Commonwealth of Kentucky Provisional Certificate".

(2) If an immunization certificate that was not provided by the Cabinet for Health Services is issued to a child, it shall:

(a) Be a hard copy or an electronically-produced copy;

(b) Be in the same format as a certificate provided by the Cabinet for Health Services; and

(c) Contain at least the following information:

1. The name of the child;

2. The birthdate of the child;

3. The name of the parent or guardian of the child;

4. The address of the child, including street, city, state, zip code;

5. The type of vaccine administered to the child;

6. The date that each dose of each vaccine was administered;

7. Certification that the child is current for immunizations until a specified date, including a statement that the certificate shall not be valid after the specified date;

8. The signature of the physician, health department administrator or his designee; and

9. The date of the signature of the physician, health department administrator or his designee.

(3) A completed immunization certificate shall:

(a) Be on file for a child:

1. Enrolled in a public or private primary or secondary school or preschool program; or

2. Cared for in:

a. A day care center;

b. A certified family child care home; or

c. Another licensed facility that cares for children; and

(b) Be available for inspection and review by a representative of the cabinet.

Section 5. Provisional Certificate. (1) A child who has not yet reached the required minimum age or time interval between doses for a subsequent dose to be administered may be issued a provisional immunization certificate which shall permit a child to attend a day care center, certified family child care home, other licensed facility which cares for children, preschool programs, primary school or a secondary school until he or she reaches the appropriate age or time interval to receive the next dose required.

(2) A provisional immunization certificate shall expire on the date the next dose is required to be given.

Section 6. Incorporation by Reference. (1) The following material is incorporated by reference:

(a) "Commonwealth of Kentucky Immunization Certificate (EPID 230), revised 7/2000";

(b) "Commonwealth of Kentucky; Provisional Certificate (EPID 230A), revised 7/2000";

(c) "Commonwealth of Kentucky Certificate of Medical Exemption (EPID 230), revised 7/2000"; and

(d) "Commonwealth of Kentucky Certificate of Religious Exemption (EPID 230c), revised 11/96".

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