

New Immunization Regulation Changes

Amendments to 902 KAR 2:060

Alicia Tindall, RN, BS

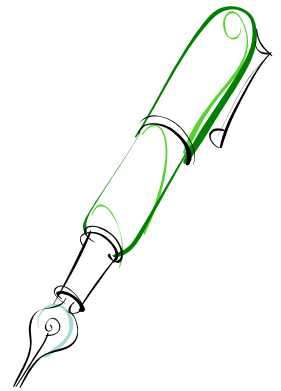
Kentucky Immunization Program

April 21, 2011



Amendments to 902 KAR 2:060

- Regulates the immunizations required for school and child care entry, who can issue an immunization certificate, and who can sign an immunization certificate
- Had not been updated since 2002
- Did not include several recommended immunizations for children and adolescents (e.g., PCV13, Tdap, meningococcal)
- New amendments to regulation have become law; requirements will take effect on July 1, 2011, and so will affect the new school year this fall



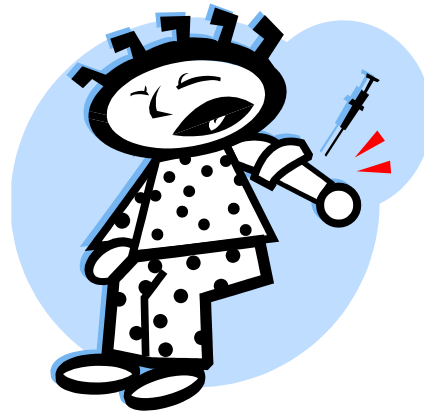
Newly Required Vaccines

NEW

- Pneumococcal conjugate vaccine (PCV)
 - Age appropriate immunization up to 5 years of age
- Meningococcal conjugate vaccine (MCV)
 - One dose at sixth grade entry, 11 or 12 years of age
 - Meningococcal polysaccharide vaccine may be used if MCV unavailable
- Tetanus-diphtheria- acellular pertussis (Tdap)
 - One dose for students at sixth grade entry, 11 or 12 years or older, with option for Td if cannot receive pertussis-containing vaccine

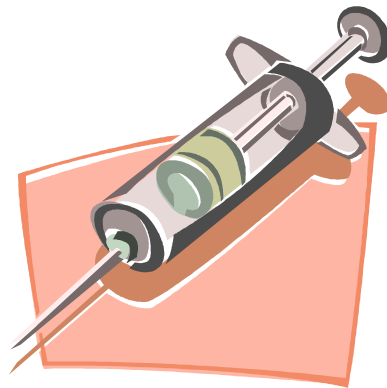
Pneumococcal Vaccine

- Amendment:
 - Adds the requirement for pneumococcal vaccine given in age appropriate intervals
 - No catch up for children at least 5 years of age or older as the vaccine is not licensed for use in healthy children in that age range
 - Has provisions for children who start the series late as these children will require fewer doses



Tdap and Meningococcal Vaccines

- Current Regulation:
 - Does not require either vaccine for the 11-12 year olds for 6th grade entry
 - Tdap administration has been recommended and encouraged since Tdap was added to the recommended schedule in 2006 in lieu of Td at 11-12 years of age



Tdap and Meningococcal Vaccines

- Amendment:
 - Requires one dose of Tdap for 6th grade entry, 11 or 12 years or older, with option for Td for individuals who can not receive pertussis containing vaccine
 - Require one dose of meningococcal vaccine for 6th grade entry, 11 or 12 years or older

Changes in Varicella Requirements

- Revises the age at which the first dose is required for school/daycare entry to be at least 16 months and less than 19 months of age
- Requires that proof of chickenpox disease in lieu of immunization must now be in the form of a diagnosis of typical varicella disease or verification of a history of varicella disease or herpes zoster disease by a healthcare provider
- Adds requirement for 2nd dose of varicella vaccine for children at least 48 months and < 5 years of age
- If 2nd dose not already given, adds requirement for entry into 6th grade, 11-12 years of age or older



Documentation of Varicella or History of Disease

- The varicella line of the certificate now looks like this:

Varicella #1 ___/___/___ **#2**
___/___/___

or child has had chickenpox or zoster disease (X) _____



Other Changes

- Updates on the timing for Hib vaccine administration
- Updates on the timing for second dose of Hep B vaccine
- A second dose of MMR replaces the requirement for the second dose of measles containing vaccine

Haemophilus influenzae type b (Hib) Vaccine

- Hib vaccine is routinely administered at 2, 4, 6, and 12-15 months of age
- The number of doses needed depends on the brand of Hib vaccine used and the age at which the first dose is given
- Update of the timing for the administration of Hib vaccine:
 - changes the requirement for at least 7 months of age and less than 12 months of age to require 2 doses of Hib instead of three as the current regulation states. Allows for the administration of the 2-dose primary series of Pedvax as well as the 3-dose primary series of ActHib.

Hepatitis B Vaccine

- Hepatitis B vaccine is routinely administered at birth, 1-2 months of age, and 6-18 months of age
- Updates timing of administration of second dose of hepatitis B vaccine to be required at at least 12 months of age and through 19 months of age

MMR Vaccine

- MMR is routinely administered at age 12-15 months for the first dose and 4-6 years of age for the second dose
- Amendment:
 - Requirement for the first dose of MMR remains unchanged
 - Requirement for a second dose of measles-containing vaccine is removed
 - Requirement for a second dose of MMR is added at at least 48 months and less than 5 years of age

Immunization Certificates

- Valid issuers/signors of certificates:
 - MD, APRN, PA, Pharmacist, or LHD Administrator or LHD Designee
- Chiropractors should *not* issue or sign immunization certificates
- Certificates issued after July 1, 2011 must be the new certificates

**COMMONWEALTH OF KENTUCKY
IMMUNIZATION CERTIFICATE**

(Required for each child enrolled in day care center, certified family child care home, other licensed facility which cares for children, preschool programs, and public and private primary and secondary schools.)

Name of Child: _____ Birthdate: _____
(Last) (First) (Middle)

Name of Parent or Guardian: _____

Address: _____
(Street) (City) (State) (Zip code)

DATES IMMUNIZATIONS WERE ADMINISTERED (Month/Day/Year)

Diphtheria, Tetanus, Pertussis**	#1	___/___/___	#2	___/___/___	#3	___/___/___	#4	___/___/___	#5	___/___/___
Hib***	#1	___/___/___	#2	___/___/___	#3	___/___/___	#4	___/___/___		
PCV (Pneumococcal)	#1	___/___/___	#2	___/___/___	#3	___/___/___	#4	___/___/___		
Polio	#1	___/___/___	#2	___/___/___	#3	___/___/___	#4	___/___/___		
Hepatitis B***	#1	___/___/___	#2	___/___/___	#3	___/___/___	or Adult dose: #1		#2	___/___/___
MMR (Measles, Mumps, Rubella)	#1	___/___/___	#2	___/___/___						
Varicella	#1	___/___/___	#2	___/___/___	or child has had chickenpox or zoster disease (X)					
Tdap	#1	___/___/___	or Td		#1	___/___/___	Meningococcal	#1	___/___/___	

*DTaP, DTP, or DT - Hib not required at 2 years of age or more. **Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age.

This child is current for immunizations until ___/___/___ (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.

(Signature of physician, APRN, PA, pharmacist, LHD administrator, or nurse designee) (Date)

(Name of Office or Licensed Healthcare Facility)

This certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child's health record.

Immunization Certificate

COMMONWEALTH OF KENTUCKY IMMUNIZATION CERTIFICATE

(Required for each child enrolled in day care center, certified family child care home, other licensed facility which cares for children, preschool programs, and public and private primary and secondary schools.)

Name of Child: _____ Birthdate: _____
(Last) (First) (Middle)

Name of Parent or Guardian: _____

Address: _____
(Street) (City) (State) (Zip code)

DATES IMMUNIZATIONS WERE ADMINISTERED (Month/Day/Year)

Diphtheria, Tetanus, Pertussis* #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___ #5 ___/___/___

Hib** #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___

PCV (Pneumococcal) #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___

Polio #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___

Hepatitis B*** #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ or Adult dose: #1 ___/___/___ #2 ___/___/___

MMR (Measles, Mumps, Rubella) #1 ___/___/___ #2 ___/___/___

Varicella #1 ___/___/___ #2 ___/___/___ or child has had chickenpox or zoster disease (X) ___

Tdap #1 ___/___/___ or Td #1 ___/___/___ Meningococcal #1 ___/___/___

*DTaP, DTP, or DT. **Hib not required at 5 years of age or more. ***Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age.

This child is current for immunizations until ___/___/___, (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.

(Signature of physician, APRN, PA, pharmacist, LHD administrator, or nurse designee)

(Date)

(Name of Office or Licensed Healthcare Facility)

This certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child's health record.



EPID-230 (Rev 08/2010)



Provisional Certificate

COMMONWEALTH OF KENTUCKY PROVISIONAL IMMUNIZATION CERTIFICATE

Name of Child: _____ Birthdate: _____
(Last) (First) (Middle)

Name of Parent or Guardian: _____

Address: _____
(Street) (City) (State) (Zip code)

DATES IMMUNIZATIONS WERE ADMINISTERED (Month/Day/Year)

Diphtheria, Tetanus, Pertussis* #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___ #5 ___/___/___

Hib** #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___

PCV (Pneumococcal) #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___

Polio #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___

Hepatitis B*** #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ or Adult dose: #1 ___/___/___ #2 ___/___/___

MMR (Measles, Mumps, Rubella) #1 ___/___/___ #2 ___/___/___

Varicella #1 ___/___/___ #2 ___/___/___ or child has had chickenpox or zoster disease (X) ___

Tdap #1 ___/___/___ or Td #1 ___/___/___ Meningococcal #1 ___/___/___

*DTaP, DTP, or DT. **Hib not required at 5 years of age or more. ***Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age.

This child is not up-to-date at this time. This certificate is valid until ___/___/___, (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.

(Signature of physician, APRN, PA, pharmacist, LHD administrator, or nurse designee)

(Date)

(Name of Office or Licensed Healthcare Facility)

This certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child's health record.



EPID-2.30C (Rev 08/2010)



Certificate of Medical Exemption

COMMONWEALTH OF KENTUCKY CERTIFICATE OF MEDICAL EXEMPTION

Permanent Exemption

Temporary Exemption

Name of Child: _____ Birthdate: _____
(Last) (First) (Middle)

Name of Parent or Guardian: _____

Address: _____
(Street) (City) (State) (Zip code)

**THE ABOVE NAMED CHILD HAS SPECIFIC HEALTH OR PHYSICAL CONDITIONS WHICH ARE
RECOGNIZED CONTRAINDICATIONS TO THE ADMINISTRATION OF ONE OR MORE OF THE
REQUIRED VACCINE(S).**

Vaccine(s) Contraindicated: _____

DATES IMMUNIZATIONS WERE ADMINISTERED (Month/Day/Year)

Diphtheria, Tetanus, Pertussis #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___ #5 ___/___/___

Hib** #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___

PCV (Pneumococcal) #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___

Polio #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___

Hepatitis B** #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ or Adult dose: #1 ___/___/___ #2 ___/___/___

MMR (Measles, Mumps, Rubella) #1 ___/___/___ #2 ___/___/___

Varicella #1 ___/___/___ #2 ___/___/___ or child has had chickenpox or zoster disease (X) ___

Tdap #1 ___/___/___ or Td #1 ___/___/___ Meningococcal #1 ___/___/___

*DTaP, DTP, or DT **Hib not required at 6 years of age or more. ***Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age.

This child is current for immunizations until ___/___/___, (14 days after the next shot is due) after which this certificate is no longer valid and a new certificate must be obtained.

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.

(Signature of physician, APRN, PA, pharmacist, LHD administrator, or nurse designee)

(Date)

(Name of Office or Licensed Healthcare Facility)

This certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child's health record.



EPID-230B (Rev 08/2010)



Certificate of Religious Exemption

COMMONWEALTH OF KENTUCKY
CERTIFICATE OF RELIGIOUS EXEMPTION

Name of Child: _____ Birthdate: _____
(Last) (First) (Middle)

Name of Parent or Guardian: _____

Address: _____
(Street) (City) (State) (Zip code)

**THE ABOVE NAMED CHILD IS HEREBY GRANTED A RELIGIOUS EXEMPTION FROM THE
REQUIRED IMMUNIZATIONS FOR SCHOOL ENTRY IN THE COMMONWEALTH OF KENTUCKY.**

(Signature of physician, APRN, PA, pharmacist, LHD administrator, or nurse designee) (Date)

(Name of Office or Licensed Healthcare Facility)

**This certificate should be presented to the school or facility in which the child intends to enroll and
should be retained by the school or facility and filed with the child's health record.**



EPID-230C (Rev 08/2010)



Questions? Call or Email DPH

Alicia Tindall, RN, BS
502-564-4478 ext. 3585
Alicia.Tindall@ky.gov

Leslee Minch, RN
502-564-4478 ext. 3513
Leslee.Minch@ky.gov

Melissa Eastman, RN
502-564-4478 ext. 3334
Melissa.Eastman@ky.gov

Julie Miracle, RN, BSN, CPAN
502-564-4478 ext. 4038
Julie.Miracle@ky.gov

Nancy Hamilton, RN, CLC
502-564-4478 ext. 3516
Nancy.Hamilton@ky.gov

