2026-27 School Immunization Requirements & FAQs

Indiana Department of Health

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Frequently Asked Questions for School Nurses Indiana Department of Health Immunization Division

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Reminders and New Requirements for 2026-2027 School Year

1. **Key updates for 2026-2027**

   - It is important for all School Nurse Module users to review the Message of the Day when logging into CHIRP each time. The Message of the Day is a way for us to provide updated information about CHIRP features and changes.

   - CHIRP User accounts inactive for 90 days or more have been automatically set to inactive to reduce security risks and maintain regulatory compliance. This helps protect student immunization information. Please be sure to log into CHIRP once every 90 days, it may be helpful to do so during the last week of school to prevent deactivation due to inactivity over the summer. Reactivation will require submission of a new Individual User Agreement (IUA).

   - IUAs can now be submitted digitally, making CHIRP and school nurse module access easier. Beginning Sep 9th, School User IUA submissions must be completed online. After this date, paper versions will no longer be accepted or supported.

   - New functionalities in CHIRP

     - Exemptions can now be entered by individual diseases in a vaccine family. CHIRP will no longer allow blanket medical/religious exemptions at the student level. Refer to Q.22 for further details.

     - Students can now be assigned to more than one school in CHIRP, with the ability to add one of them as a 'primary' school. Refer to Q23 for further details.

2. Are there any new required immunizations for the 2026-2027 school year?
   No. All requirements for the 2026-2027 school year remain unchanged.

   Reminder of requirements that were new in the last couple of years:

   - **Polio vaccine**. For students in all grades (K-12), the final dose must be administered on or after the 4th birthday and administered at least 6 months after the previous dose.
   - **Varicella**. Physician documentation of disease history, including month and year, is proof of immunity for students in preschool through 12th grade. Parental reports of disease history is not acceptable.
   - **Hepatitis A**. Two (2) valid doses of Hepatitis A vaccine (Hep A) are required for students in **all grades**, including schools with **pre-kindergarten programs.** This has been in place since the fall of the 2020-2021 school year.

3. Are there any **recommended** immunizations that are not required for school entry for the 2026-2027 school year?
   Yes. There are several immunizations included on the routine immunization schedules that are not required for school entry this year. These include:

- Two to three doses of Human Papillomavirus (HPV) vaccine for grade 6-12 – number of doses is determined by the age of the student when the series is administered.
- Two doses of Meningococcal Serogroup B (MenB) vaccine for grade 12
- Influenza vaccine is also recommended annually for all students and staff
- For all children ages 6 months–17 years with moderate to severe immunocompromise, a COVID-19 vaccine is recommended. For all other children in this age group, a COVID-19 vaccine is recommended through shared clinical decision making between parents or legal guardians and healthcare professionals (and all pre-school students down to the age of 6 months if the preschool is physically located in an Indiana school).

While not every recommended vaccine is required for school entry, we encourage school nurses to be strong advocates for all vaccines. Please foster conversations with parents and healthcare providers about the positive health benefits of all vaccines recommended by the CDC.

School Immunization Requirements and Exclusion

4. Are immunizations required for all children enrolled in school?
   Yes. Students in all grades are required to meet the minimum immunization requirements. Immunization requirements extend to children attending special education programs, childcare, or preschool within the school building.

5. If a child does not present an immunization record or is not up to date with his/her immunizations, may he/she enroll in school?
   Yes, the child may enroll in school, but Indiana Code (IC 20-34-4-5) states that a child is not permitted to attend school beyond the first day without furnishing a written record, unless:

- The school gives a waiver (for a period not to exceed 20 days); or
- The local health department or physician determines that the child's immunizations have been delayed due to extreme circumstances and that the required immunizations will not be completed by the first day of school. The parent must furnish a written statement and a time schedule approved by a physician or health department; or
- A valid medical exemption or religious objection is on file for that specific school year.

6. Does IDOH determine if a child is excluded from school for incomplete immunizations?
   No, school exclusion is determined by the school corporation according to IC 20-34-4-5.

7. What immunization education materials must be provided to the parents of enrolled students?
   Hepatitis A, meningococcal vaccines for preteens and teens, and Human Papillomavirus (HPV) education materials can be found here: Indiana Department of Health: School Administrators and Nurses.

   This may be sent to parents or posted on the school's website. All school immunization resource/educational materials can be found on the IDOH Immunizations Webpage.

Accepting Immunization Records and Laboratory Evidence of Immunity

8. What information must be included on the physician's statement to document immunization?
   The statement must include the student's name and date of birth, the vaccine given, and date (month/day/year) of each immunization.

9. What is considered adequate documentation of an immunization history?
   Adequate documentation is as follows: documentation from a healthcare provider, an immunization record from another school corporation, an immunization record in CHIRP, or a printed record from another state registry. This documentation must include the date (month/day/year) for each dose of vaccine administered.

10. How do I know if a dose of vaccine is valid?
    The best resource to use when evaluating immunization records is the minimum ages and intervals table. This table can be found online in Appendix A of the Centers for Disease Control and Prevention (CDC)'s Pink Book or at this link:
    Appendix A: Schedules and Recommendations | Pink Book | CDC

    All **invalid doses** of vaccine will be marked with a red "X" in CHIRP.

11. If there is an **extended interval** between doses of vaccines, does the student need to start the series over?

No. The vaccines required for school do not need to be restarted (or additional doses given) due to an extended interval between doses. The student should just complete the series with the remaining dose(s) due.

12. What is "laboratory evidence of immunity"?
    Laboratory evidence of immunity is a blood test for disease-specific immune globulin that measures immunity to disease. This can be used to confirm immunity when immunization records are not available, or a parent reports a history of disease (i.e. varicella).

13. Who should interpret lab results for evidence of immunity?
    Laboratory results for evidence of disease immunity must be ordered by a physician. The ordering physician is responsible for interpreting the results and determining adequate evidence of immunity based on current medical guidelines. These results should be emailed to the CHIRP Help Desk – chirp@health.in.gov

14. Is lab evidence of immunity acceptable for ALL school required immunizations?
    No. Lab evidence is NOT acceptable for diphtheria, tetanus, pertussis, polio or meningococcal. Laboratory evidence of immunity may be used in place of immunization requirements for the following school required immunizations: measles, mumps, rubella, varicella (chickenpox), and hepatitis B.
    Please note: Negative or equivocal results do not meet school requirements.

15. How do I enter laboratory evidence of immunity (i.e. varicella) into a student's CHIRP record?
    a. Go to the Demographics page and click on **Edit**. This will take you to a new page.
    b. Scroll down to the bottom of the new page and look for **Evidence of Immunity**.
    c. Select from the drop-down **Disease Name**, select the disease.
    d. Click on **Add**.
    e. Click on **Save**.

Vaccine Schedules

16. What is the four-day grace period and when can it be used?
    The CDC and ACIP allow a four-day grace period. If a vaccine is given up to four days before the minimum recommended age or interval for administration of the vaccine, it can be counted as valid. This does not change the recommended schedule for routine vaccine administration.

Please note: The four-day grace period does not apply to the minimum 28-day interval between two live virus vaccines (MMR, LAIV, and varicella). For MMR to be counted as valid, it must have been given on or after the first birthday. (The four-day grace period is applicable).

17. If a student received a dose of vaccine before the recommended minimum interval or age, can I accept a physician note stating there is no need to repeat the dose as a medical exemption?
No. School immunization requirements in the State of Indiana follow the recommendations made by the ACIP and are adopted by the CDC. Invalid doses will be marked in CHIRP with a red "**X**", and the parent/guardian will need to provide evidence of immunity to meet school entry requirements. Evidence of immunity includes documentation of a valid dose(s) of vaccine, a positive IgG titer (if acceptable for the vaccine in question), or acceptable provider documentation of history of disease.

Exemptions

18. Is there a philosophical objection allowed in Indiana?
No. Indiana law only allows religious objection or medical exemption.

19. What must a medical exemption contain?
A medical exemption is a physician's certification that a particular immunization may be detrimental to the child's health. It must state in writing that the child has a medical contraindication to receiving a vaccine. The Indiana Department of Health has a Vaccine Medical Exemption Form that providers should use to document medical exemptions. **As true medical contraindications to immunization are vaccine-specific, medical exemptions must be written for each vaccine that is contraindicated.** When a valid medical exemption form is received by the school, the school nurse must document this exemption in CHIRP. There are two fields to document medical exemptions, "Temporary Until" and "Permanent." A date will need to be entered in the "Temporary Until" box if the medical exemption is temporary. If it is a permanent medical exemption, please select the "Permanent" box. All medical exemptions will automatically be removed from CHIRP at the end of each school year.

Please note: A physician's note stating an invalid dose of vaccine is acceptable does not constitute a medical exemption and does not meet Indiana School Immunization Requirements.

20. What must a religious objection contain?

A religious objection must state that the objection to immunization is based on religious grounds. The objection must be in writing, signed by the child's parent, and delivered to the school. There is no requirement of proof. **To ensure the continued religious objection status for a student, schools must require written documentation of the religious objection each school year**. When a valid religious exemption is received by the school, the school nurse must document this exemption in CHIRP.

Please note: There is no state form for a religious objection. ALSO – religious objections will automatically be removed from CHIRP every year and the religious objection needs to be obtained

from parents every school year and entered into CHIRP.

21. May a chiropractor give a medical exemption for vaccination?
    No. Only a licensed physician (M.D. or D.O.) or advanced practice provider (nurse practitioner or physician assistant under a physician's supervision) can provide a medical exemption.

22. How do I add exemptions to a student's record in CHIRP?
    - Go to the Demographics page and click on **Edit**. This will take you to a new page. Scroll down to the bottom of the new page and look for **School Exemption by Disease** or **Evidence of Immunity**.
    - Also, please be sure to select **Include on Reports** for **FERPA-consented** (Family Educational Rights and Privacy Act) students**.** If parents/guardians have not consented, students should not be included on reports.
    - When entering exemptions, each disease in that vaccine family will need to be entered. As part of the update and for users to be able to document medical and religious exemptions at the same time, it is necessary to select measles, mumps, and rubella for an MMR exemption and the same applies for other vaccine families (e.g. DTaP, Tdap).
    - Just as a reminder, if the **Permanent** box is checked for medical exemptions, it will only be valid for the current academic year.

23. How do I add more than one school to a student record in CHIRP?
    To learn how to utilize the 'multiple school functionality in CHIRP' please visit our website for School Administrators and Nurses.

CHIRP and Reporting Requirements

24. Who can request access to use CHIRP in the School Nurse Module (SNM)?
    School nurses, clinic office staff, and school secretaries may request access to CHIRP as a school user. *All non-licensed personnel require a nurse's signature or a school administrator's signature on their user form to obtain full access, which allows them to enter records into the registry.* This ensures proper training on the system has taken place. Read-only access can be granted to a non-clinical school representative (i.e. clinic office staff, school secretary, administrator, etc.) who will only be using CHIRP to verify student immunization records meet Indiana School Required Immunizations. The CHIRP Individual User Agreement Form for Schools is to be used to obtain access to the SNM in CHIRP.

    All school nurses and users should maintain active CHIRP access. To maintain an active account in the registry, each user must log into the system at least once every 90 days.

25. How do I request access to a new school in CHIRP?
    If you currently have access as a school user in CHIRP, please call the CHIRP Help Desk at (888) 227-4439 to request access to additional schools within the same school corporation or email CHIRP@health.in.gov.

School nurses are allowed to maintain two separate CHIRP accounts if they also work in a medical clinic that provides vaccinations. One account is for the School Nurse Module (SNM) and is used only to manage student immunizations at the assigned school. Nurses who are also requesting access for a provider-based location must complete the Individual User Agreement for Medical Provider offices found on the IDOH website and authorized through the provider office.

26. How do I submit information for my school using CHIRP?
    IC 20-34-4-6 specifies that each school corporation submit student immunization records into CHIRP. Student records may be entered manually or through an electronic import into the registry. See FAQ #25 below for more information pertaining to the electronic imports into CHIRP.

    Parents must provide **consent under FERPA** prior to a student's record being added to the registry or included on school reports (checking the "include on reports" box). Students with an existing record in CHIRP will only be included in the annual reporting once they are added to a school roster. **Note of clarification** – many students are already in CHIRP because their immunization information is automatically entered by the provider at time of vaccine administration. FERPA allows this information to be included with school reporting.

    More information about FERPA can be found on the US Department of Education website: https://studentprivacy.ed.gov/ferpa

27. What is the deadline for schools to enter their data into CHIRP?
    Per IC 20-34-4-6, schools are required to enter their student immunization data to CHIRP **no later than the first Friday in February each year**. IDOH will pull the records from CHIRP following the first Friday in February deadline. Schools still must review student records for completeness at the beginning of the school year, even if they can't immediately get them entered into CHIRP. **Schools are not required to complete or *submit* any specific reports to IDOH. The coverage rates are pulled from the data that has been entered into the registry.**

    Is this the same report we do for the Indiana Department of Education?
    No. The source of the data/rates displayed in the **School Immunization Assessment Reports** is pulled from CHIRP School Nurse Module and only reflects those students with FERPA consent. These reports are generated after the first Friday in February.

    The **IDOE School Health Report** requires schools to self- report building-level immunization information each year by June 15 for its School Health Services Report.

28. How can my school submit student records electronically to CHIRP?
    Schools that are interested in pursuing immunization data imports must contact the CHIRP Help Desk by email (chirp@health.in.gov) or telephone (888-227-4439). Flat files may only be accepted from school-based systems under special circumstances.

29. Should schools enter vaccine records for doses in CHIRP for the vaccines that are not required for school entry?
    It is not required for schools to enter records for the vaccines that are not required for school entry. It is encouraged, however, because it is very beneficial for students to have a complete record in the registry.

30. Are healthcare providers required to enter immunizations into CHIRP?
    IC 16-38-5 reviews entering immunizations into CHIRP. Healthcare providers must document administered doses in CHIRP within seven business days for children aged 0-18. Pharmacies must also document administered doses within seven business days but for all ages.

    Please note: This requirement went into effect July 1, 2015. It is not a retroactive requirement, meaning providers are not required to enter historical records for vaccines administered prior to this date.

31. If a child has an exemption on file, may he/she be counted as complete?
    No. If a child has an exemption on file for any immunizations, he/she must have the exemption reported in CHIRP. Exemptions in CHIRP are counted as incomplete immunizations. **The intent in this scenario is to effectively use immunization data in CHIRP in the event of an outbreak to identify those students who are potentially most at risk because they are not fully vaccinated no matter the reason.

32. Do schools need to monitor and report immunization data for all grades?
    Yes. K through 12th and any preschool students in the same school building.

33. When does the CHIRP automatic roll-up occur?
    The CHIRP automatic roll-up took place on July 1, 2026 for the 2026-2027 school year, and it will be the final roll-up. Starting in the 2027-2028 school year, there will no longer be an automatic roll up in CHIRP, and schools will be responsible to roll up their students to the next grade level. Please refer to 'CHIRP Resources' on our website for School Administrators and Nurses for guidance on rolling students up.

34. How can I best track students who are out of compliance?
    The best way to track students is to run the **School Action Report** in CHIRP for your school. Students who are "due now" or "past due" will appear on this report. The report, however, will also include students who are considered "not yet due". This means that they are in the process of completing a vaccination series but are not due yet for the next dose of that vaccine (i.e. waiting 6 months to receive a second dose of hepatitis A vaccine.) Directions to run this report can be found under "CHIRP Resources" using this link School Administrators and Nurses

    Please remember that only students who have been entered into CHIRP and assigned to your school will appear on the School Action Report.

35. I don't know the different CHIRP codes and am unsure of how to enter records into CHIRP. Most vaccines have multiple products on the market from different manufacturers. If you are unable to determine the vaccine administered by the lot # or other information supplied on the records, please use the following:
    - Hepatitis B: Hep B—adolescent or pediatric
    - DTaP: DTaP
    - Inactivated Polio Vaccine: IPV (used exclusively in United States after 2000)
    - Oral Polio Vaccine: OPV
    - Meningococcal Conjugate Vaccine: MCV4P
    - Tdap: Tdap
    - Hepatitis A: Hep A 2 dose – Ped/Adol
    - Measles, mumps, rubella: MMR
    - Varicella: Varicella

36. Where can I find more resources and tips for using CHIRP?
    There are a number of user guides on the IDOH webpage for school representatives: https://www.in.gov/health/audiences/school-representatives/school-administrators-and-nurses/

Vaccine-Specific Questions

Diphtheria, Tetanus, and Pertussis Vaccines

37. I have students who are not up-to-date and the catch-up schedule is confusing. How do I tell which vaccine(s) the student needs?

Immunize.org and the CDC has provided guides for determining which vaccines a child needs to catch up:

- https://www.immunize.org/wp-content/uploads/catg.d/p2055.pdf
- Catch-up Immunization Schedule for Children and Adolescents (Addendum updated July 2, 2025) | Vaccines & Immunizations | CDC
- Schedule Changes & Guidance | Vaccines & Immunizations | CDC

38. I have a sixth-grade student who received a dose of DTaP instead of Tdap prior to the start of this school year. Is this dose valid for the adolescent Tdap?
    Yes. The DTaP vaccine contains more antigen than the Tdap vaccine. Any dose of DTaP given to a person 7 years or older will count as a valid dose of Tdap as long as the minimum intervals between doses were met.

    Children aged 7-10 years on the catch-up schedule who receive a dose of DTaP or Tdap can opt to receive a dose of Tdap at ages 11-12, but it is not required for school. It is, however, recommended by ACIP.

39. I have an 8-year-old who has no prior vaccination against diphtheria/tetanus/pertussis. The DTaP vaccine is not licensed for use in persons over the age of 6. What do I recommend?
    For children ages 7–18 years who are not fully vaccinated with DTaP should receive 1 dose of Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td or Tdap.

    Please review the catch-up schedule:
    https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-catch-up.html

40. I have a student who will be only 10 when he enters 6th grade. Should he receive the MCV4 and Tdap before 6th grade like the other students, or wait until he is 11?
    The student should receive the Tdap and MCV4 prior to entering 6th grade. **Indiana school immunization requirements are based on grade, not age**. A dose of MCV4 will count towards the adolescent requirements if given at age 10 or older, and a dose of Tdap will count towards the adolescent requirements if given at the age of 7 or older.

Hepatitis A

41. What is the minimum interval between doses of hepatitis A vaccine?
    The minimum interval is 6 calendar months. This is not the same as 24 weeks.

    Example: Dose #1 was given April 10th. Dose #2 is to be given on or after October 10th.

42. Why does CHIRP show a missing hepatitis A vaccine in the forecast when it isn't required for a student's grade level?
    CHIRP forecasting is based upon a child's age and not a child's grade level. Therefore, you may see students who are forecasting vaccines that may not be required for their grade level. For the hepatitis A vaccine, CHIRP is set up in the school module to forecast this vaccine through age 19. Hepatitis A will be removed from the forecast after that. By forecasting the hepatitis A vaccine this way, we can ensure high school seniors who start the series will be forecasted to finish.

    If you run the School Action Report by the correct series for the student's grade, you will notice that students in a grade where hepatitis A is not required will not appear on the Action Report for the hepatitis A vaccine.

43. Where can I get the latest information on the hepatitis A?
    You can visit the IDOH Epidemiology Resource Center Hepatitis A website.

Hepatitis B

44. What are the minimum intervals for Hepatitis B vaccine?
    The minimum intervals between vaccine doses are:

    - Dose 1 and 2 is 4 weeks
    - Dose 2 and 3 is 8 weeks
    - Dose 1 and 3 is 16 weeks

    Note: The minimum age for the 3rd dose of hepatitis B vaccine is 24 weeks.

Meningococcal ACWY (MCV4)

45. I have a student who will be only 10 when he enters 6th grade. Should he receive the MCV4 and Tdap before 6th grade like the other students, or wait until he is 11?
    The student should receive the Tdap and MCV4 prior to entering 6th grade. Indiana school immunization requirements are based on grade, not age. A dose of MCV4 will count towards the adolescent requirements if given at age 10 or older, and a dose of Tdap will count towards the adolescent requirements if given at the age of 7 or older.

46. If a child receives one dose of MCV4 vaccine at age 10 or older and another dose at an age less than 16, will they still need a booster dose for grade 12?
    Not for 12th grade, as long as the first dose was given on or after the 10th birthday and the 2 doses are separated by a minimum of 8 weeks. However, the CDC and IDOH recommend that the child get a booster on or after the 16th birthday. Many colleges and universities will require a dose on or after the 16th birthday as well.

47. If a student received a meningococcal vaccine noted from an electronic medical record, how do I know if they meet school requirements, and how do I document this in CHIRP?
    Most likely, the student received a dose of the quadrivalent meningococcal conjugate vaccine (MCV4). There are 3 conjugate vaccines: Menactra (MCV4P), Menveo (MCV4O) and MenQuadfi (MenACWY-TT) which was approved in 2020. If the lot number is included on the record, you can determine which vaccine the student received. Menactra is a Sanofi Pasteur product and lot numbers typically begin with a "U". Menveo is a product from GlaxoSmithKline/Novartis and lot numbers begin with the letter "M". If the lot number is not available, you may document the dose using either MCV4P or MCV4O; use MCV4P if the vaccine was administered prior to March 2010. MenQuadfi is also a Sanofi Pasteur product.

    Only doses of meningococcal vaccine administered on or after the 10th birthday meet the school requirements. Any dose of meningococcal vaccine administered prior to 2006 is the meningococcal polysaccharide vaccine (MPSV4). If a child received the meningococcal vaccine overseas, and the record does not specify MCV4, please contact the IDOH Immunization Division for further guidance at immunize@health.in.gov.

48. I have a student who received a dose of MPSV4 (polysaccharide vaccine) instead of MCV4 (conjugate vaccine). How do I know if the dose counts towards school requirements? MPSV4 does not create an adequate response when given as a booster, so it can only be accepted as the first dose. A 6th grader who receives MPSV4 should have a booster with MCV4 at the usual age but can opt to receive a dose of MCV4 as few as 8 weeks after the MPSV4. If the MCV4 booster is given prior to age 16, the child's healthcare provider should offer another MCV4 booster on or after the 16th birthday (as long as the minimum interval is met), especially if the student plans to attend college.

Meningococcal B (MenB)

49. Is MenB required for grade 12?
    No. MenB is recommended not required. Shared clinical decision making can take place between the student's healthcare provider and the parent or legal guardian.

50. Is MenB required for college/university?
    Many universities in Indiana are requiring two doses of MenB for incoming students. These schools include, but are not limited to: Purdue University, Indiana University, Indiana State University, Ball State University, Rose Hulman Institute of Technology, Butler, Earlham, Marian, Valparaiso, St. Mary-of-the-Woods and University of Evansville. Students will need to verify the university's immunization requirements when enrolling whether planning to attend college in Indiana or in another state.

51. Does MenB count for the meningococcal vaccine requirement for grades 6-12?
No. This vaccine protects against meningococcal serogroup B. MCV4, which is required for grades 6-12, and protects against meningococcal serogroup A, C, W, and Y.

MMR (Measles, Mumps, and Rubella)

52. What is the minimum age for MMR vaccine to be counted as a valid dose?
For the MMR to be counted as a valid dose, it must have been given on or after the first birthday. The four-day grace period is applicable to the MMR vaccine.

53. Why is my student's MMR dose invalid?
Check the student's record. CHIRP will give a reason for any red X on a child's record. The most common reasons for an invalid MMR dose are:

- The dose was given before the child's first birthday
- The dose was given sooner than 28 days after another live attenuated vaccine (varicella and/or FluMist)

Polio

54. When are 4 doses of polio vaccine acceptable?
For all students, the final dose must be administered on or after the 4th birthday and administered at least 6 months after the previous dose.

55. How do I know if a dose of OPV is valid for a student from another country?
Only doses of trivalent OPV (tOPV) are acceptable for school. You may see records that say bivalent OPV (bOPV) or monovalent OPV (mOPV) and these are not acceptable for school because they do not protect against the 3 types of polio.

The CDC has provided this guidance for determining if OPV is trivalent:
Use the date of administration to make a presumptive determination of what type of OPV was received. Only trivalent doses count as valid for the U.S. polio vaccination schedule. Trivalent OPV was used throughout the world prior to April 2016. In April 2016, all countries using OPV switched to bivalent OPV (bOPV). In addition, some countries also use monovalent OPV (mOPV) during special vaccination campaigns. Doses recorded as bOPV or mOPV, or doses given during a vaccination campaign (which may be included on the record), do not count as valid doses for the U.S. polio vaccination schedule.

If the record indicates OPV, and the dose was given prior to April 1, 2016, it can be counted as a valid tOPV dose. If the dose was administered on or after April 1, 2016, it should not be counted as a valid dose for the U.S. polio vaccination schedule because it was bivalent or monovalent vaccine rather than trivalent.

Persons younger than 18 years of age with doses of OPV that do not count towards the U.S. vaccination requirements should receive IPV to complete the schedule according to the U.S. polio immunization schedule. For more information on this issue see:
www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6601a6.pdf

56. What is the catch-up schedule for the polio vaccine?
    Children in all grade levels can have as few as three doses of vaccine as long as the third dose is given on or after the 4th birthday and at least six months after the previous dose. This includes a mixed schedule of both OPV and IPV (where appropriate).

57. Do the polio requirements still differ between grade levels?
    No. In 2009, the national experts changed the recommended interval between the final 2 doses of the polio series from 4 weeks to 6 months. At the time the recommendation was published, revaccination was not recommended for children who had previously completed the series. The 6-month interval has been the recommendation for 13 years so there is no longer a different polio vaccine requirement for students in grades K-12. For all students, the final dose must be administered on or after the 4th birthday and be administered at least 6 months after the previous dose.

Varicella and History of Chickenpox

58. What is the minimum age for the varicella vaccine?
    For the varicella to be counted as a valid dose, it must have been given on or after the first birthday. The four-day grace period is applicable to the varicella vaccine.

59. Is a doctor's statement required as proof of chickenpox disease?
    Physician documentation of disease history, including month and year, is proof of immunity for students in preschool through 12th grade. Parental report of disease history is not acceptable.

60. If a child receives one dose of varicella vaccine and then subsequently has chickenpox, is a second dose of varicella vaccine needed?

    No. If the child had confirmed varicella disease or laboratory evidence of prior disease, it is not necessary to vaccinate regardless of age at infection. If there is any doubt that the illness was actually varicella, the child should be vaccinated according to ACIP recommendations. A healthcare provider's diagnosis of varicella or laboratory evidence of immunity is appropriate documentation of chickenpox disease for the child.

Vaccines from Other Countries

61. I have a foreign exchange student at my school who received single antigen measles, mumps and rubella vaccinations. How do I know if they meet school entry requirements?
    Any student who receives MMR as single antigen vaccines needs to have two valid documented doses of measles vaccine, two valid doses of mumps vaccine, and one valid dose of rubella vaccine, or laboratory evidence of immunity to disease. Doses of vaccine must be administered on or after the 1st birthday.

62. I have a student from another country, and I am having trouble translating and documenting their immunization records to know if they are up to date.
    The following resources are currently available to assist with interpreting/translating foreign vaccine records:

Aids to Translating Foreign Immunization Records

Vaccine-Preventable Disease Terms in Multiple Languages

Immigrant Vaccine Requirements

Additional Resources for School Nurses

63. Are there additional Immunization Resources available for School Nurses??
    Yes! School nurses can also access training materials on LMS: INvest

    Using your CHIRP credentials – after logging in, scroll to the bottom of the page and look for the photo below **or follow the instructions in this link:**
    For more information on how to access LMS:INvest

Please contact the IDOH Immunization Division for more information or assistance: 800-701-0704 or SchoolVax@health.in.gov