

2007-2008 Texas Minimum State Vaccine Requirements for Child-Care Facilities



AUTHORIZATION This chart summarizes the vaccine requirements incorporated in Title 25 Health Services, §§97.61-97.72 of the Texas Administrative Code (TAC). This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services is granted authority to set immunization requirements by the Human Resources Code, Chapter 42

INSTRUCTIONS Post this guide on a wall or desktop as a quick reference to help you determine whether children seeking admission to your facility meet Texas's immunization requirements. If you have any questions, call the Immunization Program at your health service region or local health department.

VACCINES

DTaP: Diphtheria, tetanus, and pertussis (whooping cough); Record may show DT or DTP
 Hib: *Haemophilus influenzae* type b vaccine; required only for children less than 59 months
 MMR: Measles, mumps, and rubella vaccines combined
 Hep B: Hepatitis B vaccine
 Varicella: Chickenpox vaccine
 PCV7: Pneumococcal conjugate vaccine (see page 3)

<u>AGE WHEN ENROLLMENT</u>	<u>VACCINE REQUIREMENT^a</u>
Younger than 2 months	No vaccines required
By 3 months	One dose each of polio, DTaP/DT/DTP, Hib ^c , hepatitis B ^d
By 5 months	Two doses each of polio, DTaP/DT/DTP, Hib ^c , and hepatitis B ^d
By 7 months	Three doses of DTaP/DT/DTP Two doses each of polio, Hib ^c , and hepatitis B ^d
By 16 months	Three doses of DTaP/DT/DTP Two doses each of polio and hepatitis B ^d One dose of MMR ^{b, d} and Hib ^c
By 19 months	Four doses of DTaP/DT/DTP Three doses each of polio and hepatitis B ^d One dose each of MMR ^{b, d} , varicella ^e , and Hib ^c on or after first birthday
By 25 months	Four doses of DTaP/DT/DTP Three doses each of polio and hepatitis B ^d One dose each of MMR ^{b, d} , Hib ^c , varicella ^{d, e} , and hepatitis A ^d received on or after 1 st birthday
By 43 months	Four doses of DTaP/DT/DTP Three doses each of polio and hepatitis B ^d Two doses of hepatitis A ^d One dose each of MMR ^{b, d} , Hib ^c , and varicella ^{d, e} received on or after 1 st birthday

^a In accordance with the most recent General Recommendations on Immunizations adopted by the Centers for Disease Control and Prevention (CDC) issued by the Advisory Committee on Immunization Practices (ACIP) regarding the validity of vaccine doses administered less than or equal to 4 days before the minimum interval or age will meet this requirement.

^b MMR (or one dose of each of its components) must have been received on or after the 1st birthday if the vaccine was administered on or after September 1, 1990. Measles vaccine received prior September 1, 1990 may have been administered in the calendar month of the 1st birthday.

^c Complete series of any *Haemophilus influenzae* type b (Hib) vaccine, OR one dose of any Hib vaccine given at or after 15 months of age. A Hib primary series and booster is two doses (two months apart) and a booster dose on or after 12 months of age, received at least two months after the last dose.

^d Serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella or serologic evidence of infection is acceptable in lieu of vaccine.

^e Previous illness may be documented with a written statement from a physician, school nurse, or the child's/student's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine."

Exemptions

The law allows (a) physicians to write a statement stating that the vaccine(s) required is medically contraindicated or poses a significant risk to the health and well-being of the child or any member of the child's household, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. Schools and child-care facilities should maintain an up-to-date list of students with exemptions, so they can be excluded from attending school if an outbreak occurs.

Instructions for the affidavit to be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief can be found at www.ImmunizeTexas.com

For children needing medical exemptions, a written statement by the physician should be submitted to the school or child-care facility.

Provisional Enrollment

All immunizations should be completed by the first date of attendance. The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

Documentation

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel have validated it. The month, day, and year that the vaccination was received must be recorded on all school immunization records created or updated after September 1, 1991.

Texas Minimum State Vaccine Requirements for Pneumococcal Vaccination (PCV-7, Prevnar™) for Children Attending Child-Care Facilities

I. Guidance for Child-Care Facilities and Schools

Instructions for reading this chart: When a child presents to a child-care facility, early childhood program, or pre-kindergarten program, the individual reviewing the immunization record for that child should: 1) determine the age of the child; and 2) determine the age of the child when the first dose was administered; and 3) determine the number of doses the child is required to have to attend. The age of the child when the first dose was administered affects the total number of doses the child is required to have.

<u>AGE OF CHILD</u>	<u>VACCINE REQUIREMENT</u>
2 months through 3 months	One dose of pneumococcal vaccine
4 months through 5 months	Two doses of pneumococcal vaccine
6 months through 11 months	Three doses of pneumococcal vaccine
	OR
	Two doses if a child received the first dose of pneumococcal vaccine from 7 months through 11 months of age
12 months through 23 months	Four doses of pneumococcal vaccine with one dose on or after 12 months of age
	OR
	Three doses if a child received the first dose of pneumococcal vaccine from 7 months through 11 months of age, and at least one dose was administered on or after 12 months of age
	OR
	Two doses if a child received the first dose of pneumococcal vaccine from 12 months through 23 months of age
24 months through 59 months	One dose if a child is unvaccinated or partially vaccinated and healthy
	OR
	If a child is unvaccinated or partially vaccinated and at high risk*, two doses are required

*Physicians will determine if a child is high-risk and vaccinate accordingly.

II. Guidance for Physicians, Nurse Practitioners, and Other Vaccine Providers

Note that the recommendations above are consistent with the recommendations of the American Academy of Pediatrics (AAP) (Redbook 2003) and of the Advisory Committee on Immunization Practices (ACIP) when there is no shortage (MMWR 2004; 53: 851). Since children who attend out-of-home child care are at moderate risk of invasive pneumococcal disease, the State of Texas is requiring that healthy individuals 24-59 months of age who have not received any doses of PCV-7 previously, receive 1 dose before child-care attendance as of 9/1/05. This recommendation is stated by the AAP in the Redbook and advice to “consider” PCV-7 for this group is published by the ACIP in the MMWR. Please consult the above sources (Redbook, MMWR) and other websites (AAP, TPS) for more detailed information concerning the definition of high risk medical conditions, minimum intervals between doses, modified schedules when vaccine is in short supply, and the use of the 23-valent pneumococcal polysaccharide vaccine (Pneumovaxä) in children 24-59 mos. of age with high risk conditions. **If providers have been following the AAP/ACIP recommendations, their patients most likely meet these requirements for child-care facility entry.**



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