School Children Immunizations

School Immunization Requirements

PA State Law and Regulation

Philadelphia School Immunization Requirements

School Immunization Regulation Procedure Manual

School Immunizations: Communicable and Non-Communicable Diseases

Attention Parent/Guardian Letter

School Requirements

For current School Age Child Vaccine Schedule click here.

2013 - 2014 School Immunization Law Report

2013 - 2014 School Immunization Law Report (click to submit this year's report)

Frequently Asked Questions

Children in ALL grades (K-12) need the following vaccines:

- 4 doses of tetanus*(1 dose on or after 4th birthday)
- 4 doses of diphtheria* (1 dose on or after 4th birthday)
- 3 doses of polio
- 2 doses of measles**
- 2 doses of mumps**
- 1 dose of rubella (German measles)**
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

*Usually given as DTP or DT or Td
**Usually given as MMR

7th Grade ADDITIONAL immunization requirements for entry:

- 1 dose meningococcal conjugate vaccine (MCV)
- 1 dose of tetanus, diphtheria, acellular pertussis(Tdap) [if five years have elapsed since last tetanus immunization]

The only exemptions to the school laws for immunizations are:

- medical reasons;
- religious beliefs; or
- philosophical/strong moral or ethical conviction.

If your child is exempt from immunizations, he or she may be removed from school during an outbreak.

VACCINE SAFETY

- Vaccines are held to the highest standard of safety.
- The United States has the safest, most effective vaccine supply in history.
- Vaccines are continually monitored for safety and effectiveness.

Pennsylvania’s school immunization requirements can be found in 28 PA Code Ch.23 (School Immunization)

Download Rack Card

Proof of immunization means a written record showing the dates (month, day, year) your child was immunized.

The only exceptions to the school laws for immunization are medical reasons and religious beliefs. If your child is exempt from immunizations, your child may be removed from school during a disease outbreak.

Keep a record of your child’s immunizations. Keep this record in a safe place. Your doctor’s office, medical clinic, or hospital may ask for this record. As your children become adults, they may need the record for college, for their job or if they travel out of the country.

Centers for Disease Control and Prevention Pre-Teen and Adolescent Web Site

School Immunization Catch-Up (SICU) Program

717-787-5681

- Provides Hepatitis B, MCV4, Tdap and Varicella vaccines for students who are unable to obtain these vaccines through their medical homes.
School districts plan, develop and implement programs with consultation from their local Health Department.

- Protocols for planning and implementing a SICU program are available at the Department of Health, Division of Immunizations.
- Vaccine is provided at no cost to school districts by the Department of Health.
- Education about the project must be provided to the parent/guardian and health care providers.
- Vaccine Information Statements (VIS) must be provided to the student's parent or guardian at the time (or prior to) of administration of each dose of a vaccine. Click here to access the most recent VIS.
- Students provided any vaccine must be screened for their eligibility for the Vaccines for Children (VFC) according to the federal funding requirement.
- Vaccines are given according to the schedules as recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).
- School districts must submit appropriate reports according to the project protocols to the Department of Health, Division of Immunizations at the beginning and the conclusion of the project.

**STEPS TO IMPLEMENTING A SCHOOL IMMUNIZATION CATCH-UP (SICU)**

**PROGRAM FOR YOUR SCHOOL DISTRICT**

1. All Pennsylvania school districts will be eligible to apply to the Department of Health, Division of Immunizations, for the SICU Program. The approval for the individual school district's application may be contingent upon the availability of immunization funds for the fiscal year.
2. To initiate a SICU Program, the coordinator for each school district must have authorization from the school superintendent, school principal and any other appropriate parties.
3. The school district program coordinator must complete and return the Vaccines For Children Eligibility Reporting Form and Vaccine Ordering Form to the Division of Immunizations.
4. Hepatitis B, Meningooccal Conjugate (MCV4), Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) and/or Varicella information should be given to the parents and children that will be participating in the program before any immunizations are administered.
5. A letter should be sent to the parent/guardian indicating the catch-up vaccine(s) the student appears to need. Click on the following to access a sample letter.
6. All schools participating must have appropriate vaccine storage and handling capabilities before any vaccine will be shipped. (Click here for the recommendations for vaccine storage and handling.)
7. The appropriate Centers for Disease Control and Prevention's Vaccine Information Statements (VIS) must be given to each student's legal guardian before administering each dose of the vaccine.
8. A child may receive the Hepatitis B, MCV4, Tdap, and/or Varicella vaccine only after a signed consent has been returned to the program coordinator. This signed consent is to be kept in the student's medical record.
9. The Vaccines For Children (VFC) Program requires that five specific screening questions be completed for each child. The questions are found on the permission/refusal forms.
10. Hepatitis B, MCV4, Tdap and Varicella vaccines must be administered per the Advisory Committee on Immunization Practices' (ACIP) recommendations for scheduling the series. All four vaccines could be given at the same time, but in different injection sites.
11. Upon completion of the SICU Program, the Final Results Form should be submitted to the Division of Immunizations by the date indicated. If you have any further questions or need additional information, please contact your local District Immunization Consultant or Division of School Health Consultant.

**2013-2014 School Flu Initiative**

The Pennsylvania Department of Health (Department), Division of Immunizations (DOI), is offering the seasonal injectable Trivalent Influenza Vaccine (TIV), Inactivated Influenza Vaccine (IIV) and nasal spray Live Attenuated Influenza Vaccine (LAIV) to all students who meet vaccine recommendations for the 2013-2014 school year. This program is designed to assist schools in ensuring that their students are protected from influenza in accordance with the recommendations from the Centers for Disease Control and Prevention, Advisory Committee on Immunization Practices. The Department is committed to increasing vaccination rates and protecting our school children from preventable disease. The Department will provide seasonal influenza vaccine with supplies and an informational packet will be emailed to participants as well as being available online.

1. **School Participation Letter**
2. **Fluzone Package Insert**
3. **Fluzone Package Insert**
4. **Influenza Vaccination Consent Form and Record**
   a. Keep original consent in student health files and send a copy of the consent form to either your local health department or to the adolescent and adult immunization nursing consultant at the address provided.
   b. Parents/guardians complete the top section of this form and the nurse administering the influenza vaccine will complete the bottom section. The person administering the vaccine will complete the blocks requesting if the child is well today, signature and date, vaccination date, circle the correct injection site, and document the lot number as indicated on the vaccine vial containers.
5. **Influenza Vaccine Dosing Algorithm for Aged Children 6 Months through 8 Years (ACIP)**
6. **Flu Flyer**
7. **Vaccine Information Statement (VIS) TIV**
   a. Must be given to the parent or guardian before the influenza vaccine is administered, therefore allowing them to sign the "Student Vaccine Consent/Record" and ask any questions.
8. **Vaccine Information Statement (VIS) LAIV**
   a. Must be given to the parent or guardian before the influenza vaccine is administered, therefore allowing them to sign the "Student Vaccine Consent/Record" and ask any questions.
9. **School Influenza Immunization Initiative Final Results Form**
   a. Must be completed for each individual school and not the combined schools in the district.
   b. Once completed either mail or fax.
10. **Vaccine Returns**

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Pennsylvania Department of Health
http://www.portal.state.pa.us/portal/server.pt/community/immunizations...
a. This form should be utilized in the event of a storage and handling error and when vaccine has expired.
b. Complete the form and return it via fax number provided below.
c. Once the form has been received, a label will be requested from McKesson and it will be shipped to the school.
d. Vaccines that have expired or need to be wasted must be returned to McKesson.
e. If you keep your original shipping boxes you may utilize them to return the vaccine.

If you have any questions regarding the 2013-2014 school flu initiative please contact the adolescent and adult nursing consultant at 717-787-5681. Information may be submitted either by mail or fax to the information below:

Pennsylvania Department of Health
Division of Immunizations
Room 1026, Health and Welfare Building
625 Forster St.
Harrisburg, PA 17120
Phone 717-787-5681 Fax 717-441-3801