



In Re: Approved Means of Immunization Pursuant to Sections 3701.13 and 3313.671 of the Ohio Revised Code

Director's Journal Entry

I, Richard Hodges, Director, Ohio Department of Health (ODH), pursuant to Section 3701.13 of the Ohio Revised Code, hereby approve the following methods of immunization against the diseases specified in Section 3313.671 of the Revised Code for the purpose of carrying out the provisions of that section.

- 1) Vaccine doses should be administered according to the most recent version of the *Recommended Immunization Schedule for Persons Aged 0 through 18 Years* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices. Vaccine doses administered 4 days or less before the minimum interval or age are considered valid. Doses of any vaccine administered ≥ 5 days earlier than the minimum interval or minimum age should not be counted as valid doses and should be repeated as age-appropriate. Any live virus vaccines (measles, mumps, rubella and varicella vaccines) not administered on the same day must be separated by at least four (4) weeks (28 days). Unless otherwise exempt, pupils who are enrolled in kindergarten through grade 12 shall have:

Diphtheria, Tetanus, and Pertussis:

Four (4) vaccine preparations are available and the child's healthcare provider shall decide which preparation is appropriate. The vaccines are DTaP (diphtheria, tetanus, and acellular pertussis), DT (diphtheria and tetanus), Td (tetanus and diphtheria), and Tdap (tetanus, diphtheria, and acellular pertussis). DTP (diphtheria, tetanus, and pertussis) was available until 2002, but is no longer offered in the United States. Four or more doses of DTaP, DTP or DT (pediatric) vaccine, or any combination thereof, is the minimum acceptable. Children who received all four (4) primary immunizing doses before their fourth birthday are required to receive a fifth (5th) dose of DTaP or DT prior to kindergarten (K) entry. This booster fifth (5th) dose of DTaP or DT is not necessary if the fourth dose in the primary series was given after the fourth birthday. A child who is age seven or older, and who received Td or Tdap vaccine as the third part of this immunization series, shall not be required to receive further diphtheria, tetanus, or pertussis vaccine. Three doses of Td, or a combination of Td and Tdap, is the minimum acceptable for children age seven (7) and up. Tdap or Td given to a child younger than 7 years of age as either dose 1, dose 2 or dose 3 is NOT valid, and another dose of DTaP should be administered. Tdap given to a child younger than 7 years of age as either dose 4 or dose 5 can be counted as valid for DTaP dose 4 or dose 5. If dose 4 was given before 7 years of age, dose 5 should be given. DTaP given to patients 7 years of age or older can be counted as valid for the one-time Tdap dose. There is no need to restart a series regardless of the time elapsed due to interruption of the schedule or delay of subsequent doses.

Effective with the 2012-2013 school year, and each year thereafter, one dose of Tdap (Tetanus, diphtheria, and acellular pertussis) vaccine shall be required prior to entry into the seventh (7th) grade. This dose is intended to be administered as a booster dose for students who completed the required doses of the initial series of DTaP, DT, or Td vaccine. Children who received one dose of Tdap as part of the initial series will not be required to receive another dose. This requirement shall be enforced progressively; therefore, the requirement shall be extended to 7th – 8th grade students in 2013, 7th – 9th grade students in 2014,

7th – 10th grade students in 2015, 7th – 11th grade students in 2016, and 7th – 12th grade students in 2017. For students who entered 7th grade in 2010 or 2011, one dose of Td vaccine (Tetanus and diphtheria) is acceptable.

Polio:

Two (2) vaccine preparations were available until 2000, oral polio vaccine (OPV) and inactivated polio vaccine (IPV). Beginning in 2000, oral polio vaccine distribution was terminated in the United States. However, oral polio vaccine is still widely used in other countries. If a series consisting of all OPV or all IPV is received, at least three doses are required. If the third dose of the series was received prior to the fourth birthday, a fourth dose is required.

If any combination of IPV and OPV was received, four doses of either vaccine are required.

Effective with the 2010-2011 school year, for all pupils entering kindergarten, the final dose of oral polio vaccine must have been administered on or after the fourth (4th) birthday, regardless of the number of previous doses. This requirement shall be enforced progressively; therefore, the requirement shall be extended to K – 1st grade students in 2011, K – 2nd grade students in 2012, K – 3rd grade students in 2013, K – 4th grade students in 2014, K – 5th grade students in 2015, K – 6th grade students in 2016, K – 7th grade students in 2017, K – 8th grade students in 2018, K – 9th grade students in 2019, K – 10th grade students in 2020, K – 11th grade students in 2021, and K – 12th grade students in 2022.

Pupils who are age eighteen (18) and above shall not be required to receive either polio vaccine.

Measles:

Two (2) doses of live virus measles vaccine are required for all students in grades K – 12. The first dose must have been administered on or after a child's first (1st) birthday and the second (2nd) dose a minimum of twenty-eight (28) days later in order for a child to be in compliance. A student who presents laboratory evidence of immunity shall be exempt from the second dose requirement.

A child who had measles disease and presents a signed statement from their parent, guardian, or physician to that effect, is not required to be vaccinated against measles. However, in an outbreak situation, a written statement of previous measles disease is acceptable in lieu of vaccination, only if it is signed by a physician and gives the month and year of infection.

For purposes of definition, a single (1) case of measles constitutes an outbreak. Any child in an affected school who cannot show proof of two (2) properly administered measles vaccinations must be excluded from school attendance until such proof is provided. Children with written waivers or exemptions shall be excluded for 21 days after the onset of the last known case in the affected school.

Mumps:

Two (2) doses of live virus mumps vaccine are required for all students in grades K – 12. The first dose must have been administered on or after a child's first (1st) birthday and the second (2nd) dose a minimum of twenty-eight (28) days later in order for a child to be in compliance. A student who presents laboratory evidence of immunity shall be exempt from the second dose requirement.

A child who had mumps disease and presents a signed statement from their parent, guardian, or physician to that effect, is not required to be vaccinated against mumps. However, in an outbreak situation, a written statement of previous mumps disease is acceptable in lieu of vaccination only if it is signed by a physician and gives the month and year of infection.

An outbreak will be determined based upon the number of mumps cases and the epidemiological link of the cases. Any child who cannot show proof of mumps vaccination at age one (1) or above must be excluded from school until such proof is provided. Any child with a written waiver shall be excluded for at least 25 days after the onset of parotitis in the last person with mumps in the affected school during the outbreak period.

Rubella:

Two (2) doses of rubella vaccine are required for all students in grades K – 12. The first dose must have been administered on or after a child’s first (1st) birthday and the second (2nd) dose a minimum of twenty-eight (28) days later in order for a child to be in compliance.

A student who presents laboratory evidence of immunity shall be exempt from the second dose requirement.

A history of rubella disease may never be substituted for rubella vaccine. Additionally, post-pubescent females are not exempt from this requirement.

Hepatitis B:

All children in grades K – 12 are required to provide evidence of having received a three-dose (3) series of hepatitis B vaccine. The second (2nd) dose must be administered at least twenty-eight (28) days after the first (1st) dose. The third (3rd) dose must be administered at least two (2) months after the second (2nd) dose and at least four (4) months after the first (1st) dose and greater than or equal to twenty-four (24) weeks of age.

Varicella (Chickenpox):

Beginning with the start of the 2010-2011 school year, all children entering kindergarten are required to provide evidence of immunization against varicella disease. Satisfactory evidence for this requirement is two (2) doses of varicella vaccine; the first (1st) dose of vaccine administered on or after the child’s first (1st) birthday, and the second (2nd) dose at least three (3) months following the first dose. However, if the second dose is administered at least twenty-eight days following the first (1st) dose, it is considered valid. This requirement shall be enforced progressively; therefore, the requirement shall be extended to K – 1st grade students in 2011, K – 2nd grade students in 2012, K – 3rd grade students in 2013, K – 4th grade students in 2014, K – 5th grade students in 2015, K – 6th grade students in 2016, K – 7th grade students in 2017, K – 8th grade students in 2018, K – 9th grade students in 2019, K – 10th grade students in 2020, K – 11th grade students in 2021, and K – 12th grade students in 2022.

For pupils subject to the progressive requirement for the first (1st) dose of varicella vaccine, enacted in 2006, a single (1) dose will be required. Therefore, the requirement for one (1) dose will be extended to pupils in grades 1 – 4 in 2010, grades 2 – 5 in 2011, grades 3 – 6 in 2012, grades 4 – 7 in 2013, grades 5 – 8 in 2014, grades 6 – 9 in 2015, grades 7 – 10 in 2016, grades 8 – 11 in 2017, and grades 9 – 12 in 2018.

A pupil who has had natural chickenpox, and presents a signed statement from the pupil’s parent, guardian, or physician to that effect, is not required to be immunized against chickenpox.

A school may deny admission to a pupil otherwise exempted from the chickenpox requirement if the Director of the Ohio Department of Health, or appointed representative, notifies the school’s principal or chief administrative officer that a chickenpox epidemic exists in the school’s population. The denial of admission shall cease when the Director, or the Director’s representative, notifies the principal or officer

that the epidemic no longer exists. For this purpose, a chickenpox epidemic means the occurrence of cases in numbers greater than expected in the school's population or for a particular period of time.

2) Additional Immunizations:

The requirements set forth in part one (1) above are the minimum requirements. They may not constitute the full complement of immunizations that are recommended for pupils enrolled in kindergarten through grade 12.

3) This order shall supersede any previous approvals of means of immunization by the Ohio Department of Health under Section 3701.13 of the Revised Code which are inconsistent with this order.

4) This order shall be transmitted to the Ohio Department of Education, to local health departments, and to other interested parties as appropriate.

This Journal Entry shall be effective on December 5, 2014, and shall remain in full force and effect until further notice.

December 5, 2014
Date



Director of Health

I hereby certify this to be a true and correct copy of the Journal Entry of the Director of the Ohio Department of Health.

12/10/14
Date



Custodian of the Director's Journals
Ohio Department of Health