Utah Immunization Guidebook

For Schools, Early Childhood Programs and Healthcare Providers
INTRODUCTION

The Utah Immunization Program is pleased to provide you with the Utah Immunization Guidebook. The Guidebook is designed to clarify the Utah Statues and Rules for Immunization, which have been included in this guidebook as Appendix A. Each required vaccine and the schedule to be followed, including minimum intervals between each dose, are outlined in this Guidebook. The appendices include Frequently Asked Questions and sample forms that can be used to assist in implementing the requirements.

Since the implementation of the Utah Immunization Rule for Students, consistent requirements have protected children attending Utah schools and early childhood programs from many vaccine-preventable diseases. In the past, these diseases caused significant illness and death. The success of the Immunization Rule for Students is a direct result of the tremendous collaboration among school and early childhood program personnel, school nurses, healthcare professionals, local health departments, and parents.

The Utah Immunization Program recognizes that immunization schedules are very complex and often require much time and effort to ensure Utah’s children are adequately protected from many of these diseases. We appreciate your continued support of the Immunization Rule for Students and your dedication to Utah’s children. If you have questions concerning immunization requirements or this Guidebook, please call Utah Immunization Program at 801-538-9450.
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**Diphtheria, tetanus, acellular pertussis (DTaP)**

A student must be immunized for Diphtheria, Tetanus, and Pertussis before entering a Utah school or early childhood program. The following schedules apply to the administration of Diphtheria, Tetanus, and Pertussis:

**Schedule 1:** A student must receive five doses of Diphtheria, Tetanus, and Pertussis containing vaccine administered as either DTaP/DT. The first, second, and third doses must be administered a minimum of four weeks apart. The fourth dose must follow the third dose by a minimum of six months. The fourth dose may be given as early as age 12 months if at least six months have elapsed since the third dose. However, for auditing purposes only, the fourth dose need not be repeated if given at least four months after the third dose. The fourth and fifth dose must be administered a minimum of six months apart. The fifth dose (booster dose) is required before the student enters kindergarten. **DTaP is currently recommended for all doses.**

(a) If the fourth dose is administered on or after a student’s fourth birthday, the fifth dose is not required. In such a case the fourth DTaP dose should be administered at least 6 months after the third DTaP dose and should not be administered to a child aged < 12 months.

(b) A student who has received six or more doses before their seventh birthday does not require more doses, regardless of spacing.

**Schedule 2:** A student age 7-18 years not fully vaccinated* with DTaP should receive 1 dose Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td or Tdap.

* Fully vaccinated 5 valid doses of DTaP or 4 valid doses of DTaP if dose 4 was administered at age 4 years or older

For DTaP/Td/Tdap/DT catch-up guidance for children 4 months through 18 years of age see the next few pages.

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**Diphtheria, Tetanus, Pertussis**  
Recommended Immunization Schedule

<table>
<thead>
<tr>
<th></th>
<th>Birth</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>2 years</th>
<th>4-6 years</th>
<th>11-12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DTaP #1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DTaP #2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DTaP #3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DTaP #4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DTaP #5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tdap</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Shaded boxes indicate the vaccine can be given during shown age range.
Catch-Up Guidance for Children 4 Months through 6 Years of Age Diphtheria-, Tetanus-, and Pertussis Containing Vaccines: DTaP/DT¹

Table #1: The table below provides guidance for children whose vaccinations have been delayed. Start with the child’s age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses).

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses of DTaP or DT is</th>
<th>AND</th>
<th>THEN</th>
<th>Next dose due</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 months through 11 months</td>
<td>Unknown or 0</td>
<td>Give Dose 1 (DTaP) today</td>
<td>Give Dose 2 (DTaP) at least 4 weeks after Dose 1</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>It has been at least 4 weeks since Dose 1</td>
<td>Give Dose 2 (DTaP) today</td>
<td>Give Dose 3 (DTaP) at least 4 weeks after Dose 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has not been at least 4 weeks since Dose 1</td>
<td>No dose today</td>
<td>Give Dose 2 (DTaP) at least 4 weeks after Dose 1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>It has been at least 4 weeks since Dose 2</td>
<td>Give Dose 3 (DTaP) today</td>
<td>Give Dose 4 (DTaP) at least 6 calendar months after Dose 3, and at 15 months of age or older²</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has not been at least 4 weeks since Dose 2</td>
<td>No dose today</td>
<td>Give Dose 3 (DTaP) at least 4 weeks after Dose 2</td>
<td></td>
</tr>
<tr>
<td>1 through 3 years</td>
<td>Unknown or 0</td>
<td>Give Dose 1 (DTaP) today</td>
<td>Give Dose 2 (DTaP) at least 4 weeks after Dose 1</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>It has been at least 4 weeks since Dose 1</td>
<td>Give Dose 2 (DTaP) today</td>
<td>Give Dose 3 (DTaP) at least 4 weeks after Dose 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has not been at least 4 weeks since Dose 1</td>
<td>No dose today</td>
<td>Give Dose 2 (DTaP) at least 4 weeks after Dose 1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>It has been at least 4 weeks since Dose 2</td>
<td>Give Dose 3 (DTaP) today</td>
<td>Give Dose 4 (DTaP) at least 6 calendar months after Dose 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has not been at least 4 weeks since Dose 2</td>
<td>No dose today</td>
<td>Give Dose 3 (DTaP) at least 4 weeks after Dose 2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>It has been at least 6 calendar months since Dose 3</td>
<td>If 12 through 14 months of age, no dose today²</td>
<td>Give Dose 4 (DTaP) at 15 through 18 months of age</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has not been 6 calendar months since Dose 3</td>
<td>No dose today</td>
<td>Give Dose 4 (DTaP) at least 6 months after Dose 4 and at 4 through 6 years of age</td>
<td></td>
</tr>
</tbody>
</table>

¹ Vaccine information: DTaP—Administer to children 6 weeks through 6 years of age without a contraindication or precaution to diphtheria, tetanus, or pertussis vaccine. DTaP products include Daptacel, Kinrix, Infanrix, Pediarix, Pentacel, and Quadracel. Use the correct product based on the approved age indications. DT—Administer to children 6 weeks through 6 years of age with a contraindication to pertussis vaccine.

² The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
### SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS

**Catch-Up Guidance for Children 4 Months through 6 Years of Age**  
Diphtheria-, Tetanus-, and Pertussis Containing Vaccines: DTaP/DT¹

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses of DTaP or DT is¹</th>
<th>AND</th>
<th>THEN</th>
<th>Next dose due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown or 0</td>
<td></td>
<td></td>
<td>Give Dose 1 (DTaP) today</td>
<td>Give Dose 2 (DTaP) at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td>1</td>
<td>It has been at least 4 weeks since Dose 1</td>
<td></td>
<td>Give Dose 2 (DTaP) today</td>
<td>Give Dose 3 (DTaP) at least 4 weeks after Dose 2</td>
</tr>
<tr>
<td></td>
<td>It has not been 4 weeks since Dose 1</td>
<td></td>
<td>No dose today</td>
<td>Give Dose 2 (DTaP) at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td>2</td>
<td>It has been at least 4 weeks since Dose 2</td>
<td></td>
<td>Give Dose 3 (DTaP) today</td>
<td>Give Dose 4 (DTaP) at least 6 calendar months after Dose 3</td>
</tr>
<tr>
<td></td>
<td>It has not been at least 4 weeks since Dose 2</td>
<td></td>
<td>No dose today</td>
<td>Give Dose 3 (DTaP) at least 4 weeks after Dose 2</td>
</tr>
<tr>
<td>3</td>
<td>It has been at least 6 calendar months since Dose 3</td>
<td></td>
<td>Give Dose 4 (DTaP) today</td>
<td>Give Tdap at 11 to 12 years of age</td>
</tr>
<tr>
<td></td>
<td>It has not been at least 6 calendar months since Dose 3</td>
<td></td>
<td>No dose today</td>
<td>Give Dose 4 (DTaP) at least 6 calendar months after Dose 3</td>
</tr>
<tr>
<td>4</td>
<td>All doses were given prior to the 4th birthday</td>
<td></td>
<td>No dose today</td>
<td>Give Dose 5 (DTaP) at least 6 calendar months after Dose 4</td>
</tr>
<tr>
<td></td>
<td>It has not been at least 6 months since Dose 4</td>
<td></td>
<td>Give Dose 5 (DTaP) today</td>
<td>Give Tdap at 11 to 12 years of age</td>
</tr>
<tr>
<td></td>
<td>At least one dose was given at/after the 4th birthday</td>
<td></td>
<td>No dose today</td>
<td></td>
</tr>
</tbody>
</table>

¹Vaccine information: DTaP—Administer to children 6 weeks through 6 years of age without a contraindication or precaution to diphtheria, tetanus, or pertussis vaccine. DTaP products include Daptacel, Kinrix, Infanrix, Pediarix, Pentacel, and Quadracel. Use the correct product based on the approved age indications. DT—Administer to children 6 weeks through 6 years of age with a contraindication to pertussis vaccine.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2020.  
### Table #2 - Catch-Up Guidance for Children 7 through 9 Years of Age

**Tetanus-, Diphtheria-, and Pertussis-Containing Vaccine: Tdap/Td**

The table below provides guidance for children whose vaccinations have been delayed. Start with the child’s age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses).

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses of DTaP, DT, Td, or Tdap is</th>
<th>AND</th>
<th>AND</th>
<th>THEN</th>
<th>Next dose due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown or 0</td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 1 (Tdap) today</td>
<td>Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td>7 through 9 years¹</td>
<td>Dose 1 was given before 12 months of age</td>
<td></td>
<td></td>
<td>Give Dose 2 (Tdap) today</td>
<td>Give Dose 3(Td or Tdap) at least 4 weeks after Dose 2</td>
</tr>
<tr>
<td></td>
<td>It has been at least 4 weeks since Dose 1</td>
<td></td>
<td></td>
<td>Give Dose 2 (Td or Tdap) today</td>
<td>Give Dose 3(Td or Tdap) at least 6 months after Dose 2</td>
</tr>
<tr>
<td>1</td>
<td>Dose 1 was given at 12 months of age or older</td>
<td></td>
<td></td>
<td>No dose today</td>
<td>Give Dose 2(Td or Tdap) at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td></td>
<td>It has not been 4 weeks since Dose 1</td>
<td></td>
<td></td>
<td>No dose today</td>
<td>Give Dose 2(Td or Tdap) at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td>2</td>
<td>Dose 1 was given before 12 months of age</td>
<td></td>
<td></td>
<td>Give Dose 3 (Td or Tdap) today</td>
<td>Give Dose 4(Td or Tdap) at least 6 months after Dose 3</td>
</tr>
<tr>
<td></td>
<td>It has not been 4 weeks since Dose 2</td>
<td></td>
<td></td>
<td>No dose today</td>
<td>Give Dose 3(Td or Tdap) at least 4 weeks after Dose 2</td>
</tr>
<tr>
<td></td>
<td>No dose was Tdap</td>
<td></td>
<td></td>
<td>No dose today</td>
<td>Give Dose 3(Td or Tdap) at least 4 weeks after Dose 2</td>
</tr>
<tr>
<td></td>
<td>Any dose was Tdap¹</td>
<td></td>
<td></td>
<td>Give Dose 3 (Td or Tdap) today</td>
<td>Give Dose 3(Td or Tdap) at least 6 months after Dose 3</td>
</tr>
<tr>
<td></td>
<td>No dose was Tdap</td>
<td></td>
<td></td>
<td>Give Dose 3 (Td or Tdap) today</td>
<td>Give Dose 3(Td or Tdap) at least 6 months after Dose 3</td>
</tr>
</tbody>
</table>

¹For persons 7–9 years of age who receive a dose of Tdap, the routine adolescent Tdap dose should be administered at age 11–12.

²Tdap may be administered regardless of the interval since the last tetanus-and diphtheria-toxoid-containing vaccine.

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## Catch-Up Guidance for Children 7 through 9 Years of Age

**Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td**

The table below provides guidance for children whose vaccinations have been delayed. Start with the child’s age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses).

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses of DTaP, DT, Td, or Tdap is</th>
<th>AND</th>
<th>AND</th>
<th>THEN</th>
<th>Next dose due</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 through 9 years</td>
<td>Dose 1 was given before 12 months of age</td>
<td>It has been at least 6 calendar months since Dose 3</td>
<td>Any dose was Tdap</td>
<td>Give Dose 4 (Td or Tdap) today</td>
<td>Give Tdap at 11–12 years of age¹²</td>
</tr>
<tr>
<td></td>
<td>Dose 1 was given before 12 months of age</td>
<td>It has not been 6 calendar months since Dose 3</td>
<td>Any dose was Tdap</td>
<td>No dose today</td>
<td>Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3¹</td>
</tr>
<tr>
<td></td>
<td>Dose 1 was given at 12 months of age or older</td>
<td>No dose was Tdap</td>
<td></td>
<td>Give Dose 4 (Tdap) today</td>
<td>Give Tdap at 11–12 years of age¹²</td>
</tr>
<tr>
<td></td>
<td>Dose 1 was given at 12 months of age or older</td>
<td>Any dose was Tdap</td>
<td></td>
<td>No dose today</td>
<td>Give Tdap at 11–12 years of age¹²</td>
</tr>
<tr>
<td>8</td>
<td>Dose of DTaP or Tdap given after 4th birthday</td>
<td></td>
<td></td>
<td>No dose today</td>
<td>Give Tdap at 11–12 years of age¹²</td>
</tr>
<tr>
<td>9</td>
<td>Dose of DTaP or Tdap given after 4th birthday</td>
<td></td>
<td></td>
<td>Give a dose of Tdap today</td>
<td>Give Tdap at 11–12 years of age¹²</td>
</tr>
</tbody>
</table>

¹ For persons 7–9 years of age who receive a dose of Tdap, the routine adolescent Tdap dose should be administered at age 11–12.

² Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

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## Table #3 - Catch-Up Guidance for Children 10 through 18 Years of Age

The table below provides guidance for children whose vaccinations have been delayed. Start with the child’s age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses).

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses of DTaP, DT, Td, or Tdap is</th>
<th>AND</th>
<th>AND</th>
<th>AND</th>
<th>THEN</th>
<th>Next dose due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown or 0</td>
<td>Dose 1 was given before 12 months of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has been at least 4 weeks since Dose 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dose 1 was Tdap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dose 1 was not Tdap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Give Dose 2 (Td or Tdap) today</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 through 18 years of age</td>
<td>Dose 1 was given before 12 months of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has not been 4 weeks since Dose 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dose 1 was Tdap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dose 1 was not Tdap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No dose today</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Dose 1 was given before 12 months of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has been at least 4 weeks since Dose 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any dose was Tdap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No dose was Tdap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Give Dose 3 (Td or Tdap) today^2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Given at 10 years of age or older.
2. If the previous Tdap dose(s) administered before the 10th birthday, then a dose of Tdap is recommended now.
3. Or Tdap administered at 9 years of age or younger.

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Catch-Up Guidance for Children 10 through 18 Years of Age
Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td

The table below provides guidance for children whose vaccinations have been delayed. Start with the child’s age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses).

### Table: Catch-Up Guidance for Children 10 through 18 Years of Age

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses of DTaP, DT, Td, or Tdap is</th>
<th>AND</th>
<th>AND</th>
<th>AND</th>
<th>THEN</th>
<th>Next dose due</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Dose 1 was given before 12 months of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has been at least 6 calendar months since Dose 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any dose was Tdap&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 4 (Td or Tdap) today&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Give Td or Tdap 10 years after Dose 4</td>
</tr>
<tr>
<td></td>
<td>No dose was Tdap&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 4 (Tdap) today</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has not been 6 calendar months since Dose 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any dose was Tdap&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td>No dose today</td>
<td>Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>No dose was Tdap&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td>No dose today</td>
<td>Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3</td>
</tr>
<tr>
<td>10 through 18 years of age</td>
<td>Dose 1 was given at 12 months of age or older</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No dose was Tdap&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 4 (Tdap) today</td>
<td>Give Td or Tdap 10 years after Dose 4</td>
</tr>
<tr>
<td></td>
<td>Any dose was Tdap&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td>No dose today</td>
<td>Give Td or Tdap 10 years after Dose 3</td>
</tr>
<tr>
<td>4</td>
<td>No Tdap was given after 7&lt;sup&gt;th&lt;/sup&gt; birthday</td>
<td></td>
<td></td>
<td></td>
<td>Give a dose of Tdap today&lt;sup&gt;4&lt;/sup&gt;</td>
<td>Give Td or Tdap 10 years after Tdap dose</td>
</tr>
<tr>
<td></td>
<td>Any dose of Tdap was given after 7 years or older</td>
<td></td>
<td></td>
<td></td>
<td>No Tdap was given after 10&lt;sup&gt;th&lt;/sup&gt; birthday</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tdap was given after 10&lt;sup&gt;th&lt;/sup&gt; birthday</td>
<td></td>
<td></td>
<td></td>
<td>No dose today</td>
<td>Give Td or Tdap 10 years after Tdap dose 4</td>
</tr>
</tbody>
</table>

<sup>1</sup>Given at 10 years of age or older.

<sup>2</sup>If the previous Tdap dose(s) was administered before 10th birthday, then a dose of Tdap is recommended now.

<sup>3</sup>Or Tdap administered at 9 years of age or younger.

<sup>4</sup>The preferred age at administration for this dose is 11-12 years. However, if Tdap is administered at age 10 years, the Tdap dose may count as the adolescent Tdap dose.

Revised 02/2020
Polio

A student must be immunized for Polio before entering a Utah school or early childhood program.

All Inactivated Poliovirus Vaccine (IPV) schedule: A student must receive four doses of IPV. The first three doses must be administered a minimum of four weeks apart. The final dose of IPV must be administered according to the following:

(a) on or after the student’s fourth birthday regardless of the number of previous doses; and
(b) a minimum of six months after receiving the previous dose; and
(c) before a student enters a Utah school for the first time.
(d) if the third dose is administered on or after a student’s fourth birthday, the fourth dose is not required.

The above schedule does not apply to polio vaccines given prior to August 7, 2009. The final dose of polio vaccine given PRIOR to August 7, 2009 will fall under the previous recommendation with a minimum interval of four weeks between doses three and four (the final dose does not require a minimum age of four years). Reference: Immunization Action Coalition Ask the Experts http://www.immunize.org/askexperts/experts_pol.asp

NOTES:

- When evaluating doses of polio vaccine administered to children outside the U.S., it is important to know that if oral polio vaccine (OPV) was used, only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. Trivalent OPV was used for routine poliovirus vaccination in all OPV using countries until April 1, 2016. Doses of oral polio vaccine administered outside U.S. after April 2016 are not trivalent OPV and do not count toward the U.S. vaccination requirements. If such vaccinations can not be validated children aged <18 years should be revaccinated with IPV according to the U.S. IPV schedule. Polio vaccine given outside the United States is valid if written documentation indicates that all doses were given after 6 weeks of age and the vaccine received was IPV or trivalent OPV.
- If a student received both types of vaccine, four doses of any combination of IPV or trivalent OPV by 4-6 years of age is considered a complete poliovirus vaccination series.
- For all-IPV or all-trivalent OPV series, a fourth dose is not necessary if the third dose was given on or after the fourth birthday AND at least six months after the previous dose.
- A polio vaccination schedule begun with trivalent OPV should be completed with IPV. If only trivalent OPV was administered, and all doses were given prior to four years of age, one dose of IPV should be given at four years or older, at least six months after the last trivalent OPV dose.
- If three doses of IPV are administered, the third dose must be administered at least six months following the second dose.
- If four or more doses are administered before age four years, an additional dose should be administered at age 4-6 years and at least six months after the previous dose. This rule does not apply to a complete polio vaccination given prior to August 7, 2009. Reference Immunization Action Coalition Immunization Experts http://www.immunize.org/askexperts/experts_pol.asp.
- OPV was discontinued in U.S. in 2000.
Catch-Up Guidance for Children 4 Months through 17 Years of Age

Inactivated Polio Vaccine (IPV)

The table below provides guidance for children whose vaccinations have been delayed. Start with the child’s age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at [www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html).

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses is</th>
<th>AND</th>
<th>THEN</th>
<th>Next dose due</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 through 18 months</td>
<td>Unknown or 0</td>
<td></td>
<td>Give Dose 1 today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td></td>
<td>It has been at least 4 weeks since Dose 1</td>
<td>Give Dose 2 today</td>
<td>Give Dose 3 at least 4 weeks after Dose 2 and at 6 months of age or older</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has not been at least 4 weeks since Dose 1</td>
<td>No dose today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has been at least 4 weeks since Dose 2</td>
<td>Child is 6 months of age or older</td>
<td>Give Dose 3 today</td>
<td>Give Dose 4 (Final Dose) at 4 through 6 years of age</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child is younger than 6 months of age</td>
<td>No dose today</td>
<td>Give Dose 3 at 6 months of age</td>
</tr>
<tr>
<td></td>
<td>It has not been at least 4 weeks since Dose 2</td>
<td>No dose today</td>
<td>Give Dose 3 at least 4 weeks after Dose 2 and at 6 months of age or older</td>
<td></td>
</tr>
<tr>
<td>19 months through 3 years</td>
<td>Unknown or 0</td>
<td></td>
<td>Give Dose 1 today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td></td>
<td>It has been at least 4 weeks since Dose 1</td>
<td>Give Dose 2 today</td>
<td>Give Dose 3 at least 4 weeks after Dose 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has not been at least 4 weeks since Dose 1</td>
<td>No dose today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has been at least 4 weeks since Dose 2</td>
<td>Give Dose 3 today</td>
<td>Give Dose 4 (Final Dose) at least 6 months after Dose 3 and at 4 through 6 years of age</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has not been at least 4 weeks since Dose 2</td>
<td>No dose today</td>
<td>Give Dose 3 at least 4 weeks after Dose 2</td>
<td></td>
</tr>
</tbody>
</table>

1Series containing oral polio vaccine (OPV), either mixed OPV-IPV or OPV only: Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. [www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm](http://www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm)

2Next dose due is not the final dose in the series unless explicitly stated.

## INDIVIDUAL VACCINE REQUIREMENTS

### Catch-Up Guidance for Children 4 Months through 17 Years of Age

#### Inactivated Polio Vaccine (IPV)

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses is</th>
<th>AND</th>
<th>THEN</th>
<th>Next dose due?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown or 0</td>
<td></td>
<td></td>
<td>Give Dose 1 today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td>1</td>
<td>It has been at least 4 weeks since Dose 1</td>
<td>Give Dose 2 today</td>
<td>Give Dose 3 (Final Dose) at least 6 months after Dose 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has not been 4 weeks since Dose 1</td>
<td>No dose today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>It has been at least 6 months since Dose 2</td>
<td>Give Dose 3 (Final Dose) today</td>
<td>No additional doses needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has not been 6 months since Dose 2</td>
<td>No dose today</td>
<td>Give Dose 3 (Final Dose) at least 6 months after Dose 2</td>
<td></td>
</tr>
<tr>
<td>4 through 17 years</td>
<td>Dose 3 was given before 4 years of age</td>
<td>It has been at least 6 months since Dose 3</td>
<td>Give Dose 4 (Final dose) today</td>
<td>No additional doses needed</td>
</tr>
<tr>
<td></td>
<td>It has not been at least 6 months since Dose 3</td>
<td>No dose today</td>
<td>Give Dose 4 (Final Dose) at least 6 months after Dose 3</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Dose 3 was given at least 6 months from previous dose</td>
<td>No dose today</td>
<td>No additional doses needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dose 3 was not given at least 6 months from previous dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>It has been at least 6 months since Dose 3</td>
<td>Give Dose 4 (Final dose) today</td>
<td>No additional doses needed</td>
<td></td>
</tr>
</tbody>
</table>

1 Series containing oral polio vaccine (OPV), either mixed OPV-IPV or OPV only: Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. [www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm](http://www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm)

2 Next dose due is not the final dose in the series unless explicitly stated.

Measles, mumps, and rubella (MMR)

A student must be immunized for Measles, Mumps, and Rubella for entering a Utah school or early childhood program.

School entry: A student attending school, **kindergarten through twelfth grade**, must receive two doses of Measles, Mumps, Rubella (MMR) vaccine. The first dose must be administered on or after the student's first birthday. The second dose must be administered prior to entering kindergarten. The minimum interval between dose one and dose two is four weeks.

Early childhood program entry: A child one year of age or older attending an early childhood program must have received one dose of Measles, Mumps, Rubella vaccine prior to entry.

NOTES:

- It is recommended that children receive the second dose of MMR at 4-6 years of age, however, the second dose of MMR can be accepted if it was administered four weeks (28 days) after the first dose. If MMR vaccine is NOT administered on the same day as Varicella, a minimum of 28 days must separate the two vaccines. If two live vaccines, such as MMR and Chickenpox, are given less than four weeks apart, the vaccine given second should be repeated.
- If the first dose was given before the student’s first birthday, it is not a valid dose and must be repeated.
- The four-day “grace period” does not apply to the 28-day interval between two live vaccines not administered at the same visit.
- If MMRV was administered instead of MMR, minimum interval between doses is three months. If the second dose of MMRV was given at least four weeks after the first dose, it can be accepted as valid. MMRV is approved for children 12 months through 12 years.

### Measles, Mumps, Rubella (MMR)

#### Recommended Immunization Schedule

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>MMR #1</td>
</tr>
<tr>
<td>2 months</td>
<td>MMR #1</td>
</tr>
<tr>
<td>4 months</td>
<td>MMR #1</td>
</tr>
<tr>
<td>6 months</td>
<td>MMR #1</td>
</tr>
<tr>
<td>12 months</td>
<td>MMR #1</td>
</tr>
<tr>
<td>15 months</td>
<td>MMR #1</td>
</tr>
<tr>
<td>18 months</td>
<td>MMR #1</td>
</tr>
<tr>
<td>19-23 months</td>
<td>MMR #1</td>
</tr>
<tr>
<td>4-6 years</td>
<td>MMR #2</td>
</tr>
<tr>
<td>11-12 years</td>
<td>MMR #2</td>
</tr>
</tbody>
</table>

Shaded boxes indicate the vaccine can be given during shown age range.
Varicella (Chickenpox)

A student must be immunized for Varicella or have a history of disease before entering a Utah school or early childhood program.

**Kindergarten entry**: A student entering kindergarten must be immunized for two doses of Varicella (Chickenpox) vaccine. The first dose must be administered on or after the student’s first birthday.

**Seventh grade entry**: A student entering seventh grade must be immunized for two doses of Varicella (Chickenpox) vaccine.

**Early childhood program entry**: A child one year of age or older attending an early childhood program must have received one dose of Varicella (Chickenpox) vaccine prior to entry. It is recommended that children receive the second dose of Varicella vaccine at 4-6 years of age.

* If a student has a history of Chickenpox disease, the student must submit a document signed by a healthcare provider to the school as proof of immunity.

**NOTES:**
- For auditing purposes, the second dose can be accepted if administered earlier than 4-6 years of age if at least three months have elapsed following the first dose. However, the second dose of Varicella vaccine can be accepted if it was previously administered at least four weeks following the first dose. Varicella vaccine doses administered to persons 13 years or older must be separated by four weeks.
- For children aged 7-12 years, the recommended minimum interval between doses is three months. For auditing purposes, if the second dose was previously administered at least four weeks after the first dose, it can be accepted as valid.
- If a student has a history of Chickenpox disease, the student must submit a document signed by a healthcare provider to the school as proof of immunity.
- If two live vaccines, such as MMR and Chickenpox, are given less than four weeks apart, the vaccine given second should be repeated. If Varicella vaccine is NOT administered on the same day as MMR, a minimum of 28 days must separate the two vaccines.
- If a child/student inadvertently received zoster vaccine rather than varicella vaccine, the dose of Zoster vaccine can be counted as one dose of Varicella vaccine.
- If the first dose was given before the student’s first birthday, it is not a valid dose and must be repeated.
- The four-day “grace period” does not apply to the 28-day interval between two live vaccines not administered at the same visit.
- In 2015-2016 school year, two doses of Varicella vaccine became required for seventh grade and kindergarten school entry.
- If MMRV was given instead of MMR, minimum interval between doses is three months but if the second dose of MMRV was given at least four weeks after the first dose, it can be accepted as valid. MMRV is approved for children 12 months through 12 years.

### Varicella (Chickenpox)

**Recommended Immunization Schedule**

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccine Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td></td>
</tr>
<tr>
<td>2 months</td>
<td></td>
</tr>
<tr>
<td>4 months</td>
<td></td>
</tr>
<tr>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td>12 months</td>
<td></td>
</tr>
<tr>
<td>15 months</td>
<td>VAR #1</td>
</tr>
<tr>
<td>18 months</td>
<td></td>
</tr>
<tr>
<td>19-23 months</td>
<td></td>
</tr>
<tr>
<td>4-6 years</td>
<td>VAR #2</td>
</tr>
<tr>
<td>11-12 years</td>
<td></td>
</tr>
</tbody>
</table>

Shaded boxes indicate the vaccine can be given during shown age range.
**Haemophilus influenzae type b (Hib)**

A child less than five years of age attending an early childhood program must be immunized for Haemophilus influenzae type b (Hib) as appropriate for age.

*Hib is not recommended after a child’s fifth birthday and, therefore, is not a requirement for entry into kindergarten.*

**Recommended Schedule:** The number of doses in the primary series depends on the type of vaccine used. Merck (PedvaxHIB) vaccines require a two-dose primary series (Table, Row 1), while other brands require a three-dose primary series (Table, Row 2). If more than one brand of vaccine is used for the primary series, a three-dose primary series is required. The minimum interval between Hib doses in the primary series is four weeks. (Infants 2 through 6 months of age should receive a 3-dose series of ActHIB, Hiberix, or Pentacel or a 2-dose series of PedvaxHIB. The first dose can be administered as early as age 6 weeks. Hib-containing vaccine should not be given before 6 weeks of age. Doses given before 12 months of age should be separated by at least 4 weeks. A booster dose (which will be dose 3 or 4 depending on vaccine type used in primary series) of any Hib-containing vaccine is recommended at age 12 through 15 months and at least 8 weeks after the most recent Hib dose.)

A booster dose is recommended at 12-15 months of age regardless of which vaccine brand is used for the primary series. The booster dose must be administered a minimum of eight weeks following the previous dose and after 12 months of age.

Infants 2-6 months of age should receive a 3-dose series of ActHIB, Hiberix, Pentacel, or a 2-dose series of PedvaxHIB. The first dose can be administered as early as age 6 weeks. Hib-containing vaccine should not be given before 6 weeks of age. Doses given before 12 months of age should be separated by at least 4 weeks. A booster dose (which will be dose 3 or 4 depending on vaccine type used in primary series) of any Hib-containing vaccine is required at age 12-15 months and at least 8 weeks after the most recent Hib dose.

If a healthy child receives a dose of Hib vaccine at 15 months of age or older, he or she does not need any further doses regardless of the number of doses received before 15 months of age. Some high-risk children between the ages of 5 months and 59 months will be recommended for two doses of Hib vaccine based on previous history of incomplete vaccination.

**NOTE:** Comvax - a Hib/Hepatitis B combination vaccine was discontinued in 2014.

**Routine vaccination**

- ActHIB, Hiberix, or Pentacel: 4-dose series at 2, 4, 6, 12–15 months
- PedvaxHIB: 3-dose series at 2, 4, 12–15 months

For catch-up guidance for healthy children 4 months through 4 years of age for Haemophilus influenza type B vaccines: ActHIB, Pentacel, Hiberix, unknown, or PedvaxHIB, see the next few pages.

---

**Haemophilus influenzae type B (Hib) Recommended Immunization Schedule**

<table>
<thead>
<tr>
<th></th>
<th>Birth</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>19-23 months</th>
<th>4-6 years</th>
<th>11-12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merck</td>
<td>Merck</td>
<td>Merck</td>
<td>Merck</td>
<td>Merck</td>
<td>Merck</td>
<td>Merck</td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
</tr>
<tr>
<td>Hib #1</td>
<td>Hib #2</td>
<td>Hib #3</td>
<td>3 Booster</td>
<td>Hib #3</td>
<td>4 Booster</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Shaded boxes indicate the vaccine can be given during shown age range.
### Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age

**Haemophilus Influenzae type B Vaccines: ActHIB, Pentacel, Hiberix, or Unknown**

Table #1: The table below provides guidance for children whose vaccinations have been delayed. Start with the child’s age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses).

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses is</th>
<th>AND</th>
<th>THEN</th>
<th>Next dose due</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 through 6 months</td>
<td>Unknown or 0</td>
<td></td>
<td>Give Dose 1 today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td></td>
<td>Give Dose 2 today</td>
<td>Give Dose 3 at least 4 weeks after Dose 2</td>
</tr>
<tr>
<td></td>
<td>It has not been 4 weeks since Dose 1</td>
<td></td>
<td>No dose today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td>Give Dose 3 today</td>
<td>Give Dose 4 (Final Dose) at 12 months of age or older</td>
</tr>
<tr>
<td></td>
<td>It has not been 4 weeks since Dose 2</td>
<td></td>
<td>No dose today</td>
<td>Give Dose 3 at least 4 weeks after Dose 2</td>
</tr>
<tr>
<td>7 through 11 months</td>
<td>Unknown or 0</td>
<td></td>
<td>Give Dose 1 today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td></td>
<td>Give Dose 2 today</td>
<td>IF Dose 1 was given before 7 months of age, give Dose 3 at least 4 weeks after Dose 2</td>
</tr>
<tr>
<td></td>
<td>It has not been 4 weeks since Dose 1</td>
<td></td>
<td>No dose today</td>
<td>IF Dose 1 was given at 7 months of age or older, give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and no earlier than 12 months of age or older</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td>Give Dose 3 today</td>
<td>Give Dose 4 (Final Dose) at least 8 weeks after Dose 3 and no earlier than 12 months of age or older</td>
</tr>
<tr>
<td></td>
<td>Dose 1 was given before 7 months of age</td>
<td></td>
<td>Give Dose 3 today</td>
<td>Give Dose 3 (Final Dose) at least 8 weeks after Dose 2, and no earlier than 12 months of age or older</td>
</tr>
</tbody>
</table>
## INDOIVDUAL VACCINE REQUIREMENTS

### Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age

**Haemophilus Influenzae type B Vaccines: ActHIB, Pentacel, Hiberix, or Unknown**

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses is</th>
<th>AND</th>
<th>AND</th>
<th>THEN</th>
<th>Next Dose Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 through 14 months</td>
<td>Unknown or 0</td>
<td>——</td>
<td>——</td>
<td>Give Dose 1 today</td>
<td>Give Dose 2 (Final Dose) at least 8 weeks after Dose 1</td>
</tr>
<tr>
<td></td>
<td>Dose 1 was given before 12 months of age</td>
<td>——</td>
<td>——</td>
<td>Give Dose 2 today</td>
<td>Give Dose 3 (Final Dose) at least 8 weeks after Dose 2</td>
</tr>
<tr>
<td></td>
<td>Dose 1 was given at 12 months of age or older</td>
<td>——</td>
<td>——</td>
<td>No dose today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td></td>
<td>Dose 1 was given before 12 months of age</td>
<td>——</td>
<td>——</td>
<td>Give Dose 3 (Final Dose) today</td>
<td>No additional doses needed</td>
</tr>
<tr>
<td></td>
<td>Dose 1 was given at 12 months of age or older</td>
<td>——</td>
<td>——</td>
<td>No dose today</td>
<td>Give Dose 3 (Final Dose) at least 8 weeks after Dose 2</td>
</tr>
<tr>
<td></td>
<td>All doses were given before 12 months of age</td>
<td>——</td>
<td>——</td>
<td>No dose today</td>
<td>No additional doses needed</td>
</tr>
</tbody>
</table>

---

1. The guidance is based on the latest available information and is subject to change. Please consult the most recent guidelines for the most accurate and up-to-date recommendations.

---

1. This section applies to healthy children. If the child has a medical condition, consult with a healthcare provider for specific recommendations.
### Catch-Up Guidance for Healthy\(^1\) Children 4 Months through 4 Years of Age

Haemophilus Influenzae type B Vaccines: ActHIB, Pentacel, Hiberix, or Unknown

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses is</th>
<th>AND</th>
<th>AND</th>
<th>THEN</th>
<th>Next Dose Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown or 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dose 1 was given before 12 months of age</td>
<td></td>
<td></td>
<td>Give Dose 1 (Final Dose) today</td>
<td>No additional doses needed</td>
</tr>
<tr>
<td></td>
<td>It has been at least 8 weeks since Dose 1</td>
<td></td>
<td></td>
<td>Give Dose 2 (Final Dose) today</td>
<td>No additional doses needed</td>
</tr>
<tr>
<td>1</td>
<td>It has not been 8 weeks since Dose 1</td>
<td></td>
<td></td>
<td>No dose today</td>
<td>Give Dose 2 (Final Dose) at least 8 weeks after Dose 1</td>
</tr>
<tr>
<td>15 through 59 months</td>
<td>Dose 1 was given at 15 months of age or older</td>
<td></td>
<td></td>
<td>No dose today</td>
<td>No additional doses needed</td>
</tr>
<tr>
<td>2</td>
<td>Dose 1 was given before 12 months of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dose 2 was given before 15 months of age</td>
<td></td>
<td></td>
<td>Give Dose 3 (Final Dose) today</td>
<td>No additional doses needed</td>
</tr>
<tr>
<td></td>
<td>It has not been 8 weeks since Dose 2</td>
<td></td>
<td></td>
<td>No dose today</td>
<td>Give Dose 3 (Final Dose) at least 8 weeks after Dose 2</td>
</tr>
<tr>
<td></td>
<td>Dose 2 was given at 15 months of age or older</td>
<td></td>
<td></td>
<td>No dose today</td>
<td>No additional doses needed</td>
</tr>
<tr>
<td></td>
<td>Dose 1 was given at 12 months of age or older</td>
<td></td>
<td></td>
<td>No dose today</td>
<td>No additional doses needed</td>
</tr>
</tbody>
</table>
### Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age Haemophilus Influenzae type B Vaccines: ActHIB, Pentacel, Hiberix, or Unknown

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses is</th>
<th>AND</th>
<th>AND</th>
<th>THEN</th>
<th>Next Dose Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 through 59 months</td>
<td>3</td>
<td>Dose 3 was given before 15 months of age</td>
<td>All doses were given before 12 months of age</td>
<td>Give Dose 4 (Final Dose) today</td>
<td>No additional doses needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>→</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>→</td>
<td>No dose today</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>→</td>
<td>No dose today</td>
</tr>
</tbody>
</table>

Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age
Haemophilus Influenzae type B Vaccines: PedvaxHIB vaccine only

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses</th>
<th>AND</th>
<th>AND</th>
<th>THEN</th>
<th>Next Dose Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 through 6 months</td>
<td>0</td>
<td></td>
<td></td>
<td>Give Dose 1 today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td>Give Dose 2 today</td>
<td>Give Dose 3 (Final Dose) at 12 months of age or older</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>It has not been 4 weeks since Dose 1</td>
<td>No dose today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td>7 through 11 months</td>
<td>0</td>
<td></td>
<td></td>
<td>Give Dose 1 today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td>Give Dose 2 today</td>
<td>Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and at 12 months of age or older</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>It has not been 4 weeks since Dose 1</td>
<td>No dose today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td>12 through 14 months</td>
<td>0</td>
<td></td>
<td></td>
<td>Give Dose 1 today</td>
<td>Give Dose 2 (Final Dose) at least 8 weeks after Dose 1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td>Give Dose 2 today</td>
<td>Give Dose 3 (Final Dose) at least 8 weeks after Dose 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>It has not been 4 weeks since Dose 1</td>
<td>No dose today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dose 1 was given before 12 months of age</td>
<td>Give Dose 2 (Final Dose) today</td>
<td>No additional doses needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td>It has not been 8 weeks since Dose 1</td>
<td>No dose today</td>
<td>Give Dose 3 (Final Dose) at least 8 weeks after Dose 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dose 1 was given before 12 months of age</td>
<td>Give Dose 3 (Final Dose) today</td>
<td>No additional doses needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dose 1 was given at 12 months of age</td>
<td>No dose today</td>
<td>No additional doses needed</td>
<td></td>
</tr>
</tbody>
</table>

Table #2: The table above provides guidance for children whose vaccinations have been delayed. Start with the child’s age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses).
### INDIVIDUAL VACCINE REQUIREMENTS

**Catch-Up Guidance for Healthy\(^1\) Children 4 Months through 4 Years of Age**

**Haemophilus Influenzae type B Vaccines: PedvaxHIB vaccine only**

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses is</th>
<th>AND</th>
<th>AND</th>
<th>AND</th>
<th>THEN</th>
<th>Next Dose Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 through 59 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 1 (Final Dose) today</td>
<td>No additional doses needed</td>
</tr>
<tr>
<td>Dose 1 was given before 12 months of age</td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 2 (Final Dose) today</td>
<td>No additional doses needed</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 through 59 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 2 (Final Dose) today</td>
<td>No additional doses needed</td>
</tr>
<tr>
<td>Dose 1 was given at 12 through 14 months of age</td>
<td></td>
<td></td>
<td></td>
<td>No dose today</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It has been at least 8 weeks since Dose 1</td>
<td></td>
<td></td>
<td></td>
<td>No dose today</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 through 59 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 3 (Final Dose) today</td>
<td>No additional doses needed</td>
</tr>
<tr>
<td>Dose 1 was given before 12 months of age</td>
<td></td>
<td></td>
<td></td>
<td>No dose today</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose 2 was given at 15 months of age or older</td>
<td></td>
<td></td>
<td></td>
<td>No dose today</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 through 59 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Pneumococcal

A child less than five years of age attending an early childhood program must be immunized for Pneumococcal disease as appropriate for age.

_Pneumococcal vaccine is not recommended after a child’s fifth birthday and, therefore, is not a requirement for entry into kindergarten._

**Recommended Schedule:** Pneumococcal vaccine is recommended for routine administration at ages two, four and six months of age with a booster dose at 12-15 months. Catch-up immunization is recommended for children who may have started late or fell behind schedule, using fewer doses depending on their age (see tables on page 8). The minimum interval between doses administered to children <12 months of age is four weeks. The minimum interval between doses administered at ≥12 months of age is eight weeks. The booster dose of PCV vaccine, following the primary series, should be administered no earlier than 12 months of age and at least eight weeks after the previous dose.

**NOTE:** One supplemental dose of PCV 13 vaccine is required for healthy children 14-59 months of age who have received four doses of PCV 7 or another age-appropriate, complete PCV7 schedule. Children who have underlying medical conditions, a single supplemental PCV13 is required through 71 months of age.

For catch-up guidance for health children 4 months through 4 years of age for pneumococcal conjugate vaccine (PCV), see the next few pages.
## Table #1 – The table below provides guidance for children whose vaccinations have been delayed. Start with the child’s age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses).

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses is</th>
<th>AND</th>
<th>THEN</th>
<th>Next dose due</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 through 6 months</td>
<td>0 or unknown</td>
<td>→</td>
<td>Give Dose 1 today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td></td>
<td>It has been at least 4 weeks since Dose 1</td>
<td>→</td>
<td>Give Dose 2 today</td>
<td>Give Dose 3 at least 4 weeks after Dose 2</td>
</tr>
<tr>
<td></td>
<td>It has not been at least 4 weeks since Dose 1</td>
<td>→</td>
<td>No dose today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td>7 through 11 months</td>
<td>2</td>
<td>→</td>
<td>It has been at least 4 weeks since Dose 2</td>
<td>Give Dose 3 (Final Dose) at 12 months of age or older</td>
</tr>
<tr>
<td></td>
<td>It has not been at least 4 weeks since Dose 2</td>
<td>→</td>
<td>No dose today</td>
<td>Give Dose 3 at least 4 weeks after Dose 2</td>
</tr>
<tr>
<td>0</td>
<td>Dose 1 was given before 7 months of age</td>
<td>→</td>
<td>Give Dose 1 today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td>1</td>
<td>Dose 1 was given at 7 months or older</td>
<td>→</td>
<td>It has been at least 4 weeks since Dose 1</td>
<td>Give Dose 2 today</td>
</tr>
<tr>
<td></td>
<td>It has not been 4 weeks since Dose 1</td>
<td>→</td>
<td>No dose today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td>2</td>
<td>Dose 2 was given before 7 months of age</td>
<td>→</td>
<td>It has been at least 4 weeks since Dose 2</td>
<td>Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and at 12 months of age or older</td>
</tr>
<tr>
<td></td>
<td>Dose 2 was given at 7 months or older</td>
<td>→</td>
<td>No dose today</td>
<td>Give Dose 3 at least 4 weeks after Dose 2</td>
</tr>
</tbody>
</table>

1Refer to the notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2020, for immunization guidance for children at increased risk for pneumococcal disease.

## INDIVIDUAL VACCINE REQUIREMENTS

### Catch-Up Guidance for Healthy Children 4 months through 4 Years of Age

**Pneumococcal Conjugate Vaccine: PCV**

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses is</th>
<th>AND</th>
<th>THEN</th>
<th>Next dose due</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 or unknown</td>
<td></td>
<td></td>
<td>Give Dose 1 today</td>
<td>Give Dose 2 (Final Dose) at least 8 weeks after Dose 1</td>
</tr>
<tr>
<td>1</td>
<td>Dose 1 was given before 12 months of age</td>
<td>It has been at least 4 weeks since Dose 1</td>
<td>Give Dose 2 today</td>
<td>Give Dose 3 (Final Dose) at least 8 weeks after Dose 2</td>
</tr>
<tr>
<td></td>
<td>Dose 1 was given at 12 months of age or older</td>
<td>It has not been 4 weeks since Dose 1</td>
<td>No dose today</td>
<td>Give Dose 2 at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td>12 through 23 months</td>
<td>Both doses were given before 12 months of age</td>
<td>It has been at least 8 weeks since Dose 2</td>
<td>Give Dose 3 (Final Dose) today</td>
<td>No additional doses needed</td>
</tr>
<tr>
<td></td>
<td>At least one dose was given at 12 months or older</td>
<td>It has not been 8 weeks since Dose 2</td>
<td>No dose today</td>
<td>Give Dose 3 (Final Dose) at least 8 weeks after Dose 2</td>
</tr>
<tr>
<td></td>
<td>Both doses were given at 12 months or older</td>
<td>It has not been 8 weeks since Dose 2</td>
<td>No dose today</td>
<td>No additional doses needed</td>
</tr>
<tr>
<td>3</td>
<td>All doses were given before 12 months of age</td>
<td>It has been at least 8 weeks since Dose 3</td>
<td>Give Dose 4 (Final Dose) today</td>
<td>No additional doses needed</td>
</tr>
<tr>
<td></td>
<td>1 or more doses were given at 12 months of age or older</td>
<td>It has not been 8 weeks since Dose 3</td>
<td>No dose today</td>
<td>Give Dose 4 (Final Dose) at least 8 weeks after Dose 3</td>
</tr>
</tbody>
</table>

1 Refer to the notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2020, for immunization guidance for children at increased risk for pneumococcal disease.

2 Separated by at least 8 weeks.

## INDIVIDUAL VACCINE REQUIREMENTS

### Catch-Up Guidance for Healthy Children 4 months through 4 Years of Age

**Pneumococcal Conjugate Vaccine: PCV**

<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND # of previous doses is</th>
<th>AND</th>
<th>AND</th>
<th>AND</th>
<th>THEN</th>
<th>Next dose due</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 1 today</td>
</tr>
<tr>
<td>1</td>
<td>Dose 1 was given before 1st birthday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 2 (Final Dose) today</td>
</tr>
<tr>
<td></td>
<td>Dose 1 was given after 1st birthday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>It has been at least 8 weeks since Dose 1</td>
</tr>
<tr>
<td>24 through 59 months</td>
<td>Dose 1 was given before 12 months of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Dose 1 was given after 2nd birthday</td>
</tr>
<tr>
<td></td>
<td>Dose 2 was given before 1st birthday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 1 today</td>
</tr>
<tr>
<td></td>
<td>Dose 2 was given after 1st birthday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 2 (Final Dose) today</td>
</tr>
<tr>
<td></td>
<td>All 3 doses were given before 12 months of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 4 (Final Dose) today</td>
</tr>
<tr>
<td></td>
<td>All 3 doses were given before 12 months of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Give Dose 4 (Final Dose) today</td>
</tr>
<tr>
<td></td>
<td>1 or more doses were given at 12 months or older</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No dose today</td>
</tr>
</tbody>
</table>

Hepatitis A
A student must be immunized for Hepatitis A before entering a Utah school or early childhood program.

**School entry:** Two doses of Hepatitis A vaccine are required prior to kindergarten entry. The first dose must be administered on or after a student’s first birthday. The second dose must be administered a minimum of six months after the first dose.

**Early childhood program entry:** A child one year of age or older attending an early childhood program must be immunized for Hepatitis A as appropriate for age prior to entry. The first dose must be administered on or after a child’s first birthday. The second dose must be administered a minimum of six months after the first dose.

### Recommended Immunization Schedule

<table>
<thead>
<tr>
<th>Age</th>
<th>Birth</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>19-23 months</th>
<th>4-6 years</th>
<th>11-12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A #1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Shaded boxes indicate the vaccine can be given during shown age range.
Hepatitis B
A student must be immunized for Hepatitis B before entering a Utah school or early childhood program.

**Kindergarten entry:** Three doses of Hepatitis B vaccine are required for kindergarten entry. The first two doses must be administered a minimum of four weeks apart. The final (third or fourth) dose must be administered according to the following three conditions. All three conditions **MUST** be met.

(a) The student (child) is/was a minimum of 24 weeks of age;
(b) The minimum interval between dose two and three must be at least eight weeks; and
(c) The minimum interval between dose one and dose three (final dose) must be at least 16 weeks.

**NOTES:**
- **Condition (a) must be met before (b) and (c).**
- For students aged 11-15 years, two doses meet the requirement (separated by at least four months) if adult Hepatitis B vaccine Recombivax HB was used.
- A total of four doses of Hepatitis B vaccine is recommended when a combination vaccine containing Hepatitis B is administered after the birth dose.

**Seventh grade entry:** A student must be immunized for Hepatitis B for seventh grade entry. Immunizations previously administered according to the above schedule satisfy this requirement.

**Early childhood program entry:** A child attending an early childhood program must be immunized for Hepatitis B as appropriate for age prior to entry. See applicable vaccine schedule/conditions above.

### Hepatitis B
**Recommended Immunization Schedule**

<table>
<thead>
<tr>
<th>Birth</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>19-23 months</th>
<th>4-6 years</th>
<th>11-12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Hepatitis B #1</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Hepatitis B #2</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Hepatitis B #3</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Shaded boxes indicate the vaccine can be given during shown age range.
Meningococcal
A student must receive one dose of Meningococcal Conjugate vaccine for 7th grade entry.

School entry: One dose of Meningococcal Conjugate vaccine is required for 7th grade entry.

NOTE: Only Meningococcal Conjugate vaccine given on or after 10 years of age is acceptable for 7th grade school entry.

### Meningococcal Conjugate
Recommended Immunization Schedule

<table>
<thead>
<tr>
<th>Birth</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>19-23 months</th>
<th>4-6 years</th>
<th>11-12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Meningococcal</td>
</tr>
</tbody>
</table>

Tetanus-diphtheria-acellular pertussis (Tdap)
A student must be immunized with a single dose of Tdap for 7th grade entry.

### Tetanus-diphtheria-acellular pertussis (Tdap)
Recommended Immunization Schedule

<table>
<thead>
<tr>
<th>Birth</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>19-23 months</th>
<th>4-6 years</th>
<th>11-12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tdap</td>
</tr>
</tbody>
</table>

Shaded boxes indicate the vaccine can be given during shown age range.
The following vaccines are required for students entering kindergarten:

- 5 DTaP/DT*
- 4 Polio**
- 2 Measles, Mumps, Rubella (MMR)
- 3 Hepatitis B
- 2 Hepatitis A
- 2 Varicella (Chickenpox)

*Proof of immunity to disease(s) can be accepted in place of vaccination only if a document is presented to the school from a healthcare provider stating the student previously contracted the disease.

The following vaccines are required for students entering seventh grade:

- 1 Tdap
- 3 Hepatitis B
- 2 Varicella (Chickenpox)
- 1 Meningococcal Conjugate - **Only Meningococcal Conjugate vaccine given on or after 10 years of age is acceptable for 7th grade school entry.**

*Proof of immunity to disease(s) can be accepted in place of vaccination only if a document from a healthcare provider stating the student previously contracted the disease is presented to the school.

**Kindergarten through grade 12:** ALL students kindergarten through grade 12 are required to have two doses of the MMR vaccine.

In the 2015-2016 school year, two doses of Varicella vaccine became required for seventh grade and kindergarten school entry.

*DTaP/DT - Only four doses are required if fourth dose was administered on or after the fourth birthday.

**Polio - Only three doses are required if third dose was administered on or after the fourth birthday.
Beginning with the 1999-2000 school year, Hepatitis B became a requirement for kindergarten entry. Beginning with the 2002-2003 school year, Hepatitis A and Varicella became requirements for kindergarten entry. Beginning with the 2006-2007 school year, Hepatitis B, Tetanus/Diphtheria booster (Td), and Varicella became requirements for seventh grade entry. Beginning with the 2007-2008 school year, Tetanus/Diphtheria/Pertussis (Tdap) became a requirement for the seventh grade booster dose. Beginning with the 2015-2016 school year one dose of Meningococcal conjugate vaccine became a requirement for the seventh grade entry and two doses of Varicella vaccine became a requirement for seventh grade entry and kindergarten entry. Please refer to the chart below to determine which grades are required to have these immunizations.

All grade requirements are progressive, meaning that if a vaccine is required for kindergarten entry this year, it is required for kindergarten and first grade the following year, kindergarten, first, and second grades the next year, and so on.

Remember these requirements are based upon a particular grade cohort or group. If a child repeats a grade, the child is subject to the requirements of the new grade, even if the child’s birth date is not in the range for requirement.

### Hepatitis A, Hepatitis B, Varicella, MMR, Polio, DTaP*/Td

<table>
<thead>
<tr>
<th>School Year</th>
<th>Grades Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-2020</td>
<td>K-12th</td>
</tr>
<tr>
<td>2020-2021</td>
<td>K-12th</td>
</tr>
</tbody>
</table>

*DTaP is required for kindergarten entry. A student seven years or older who has not received any of the DTaP/DT vaccines must receive three doses of adult Tetanus/Diphtheria (Td). A single dose of Tdap should be substituted for one of the doses in the Td series, if not previously given.

### Varicella (Chickenpox)

<table>
<thead>
<tr>
<th>School Year</th>
<th>Grades Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-2020</td>
<td>Kindergarten-4th</td>
</tr>
<tr>
<td>2019-2020</td>
<td>7th-11th</td>
</tr>
<tr>
<td>2020-2021</td>
<td>Kindergarten-5th</td>
</tr>
<tr>
<td>2020-2021</td>
<td>7th-12th</td>
</tr>
</tbody>
</table>

*STUDENTS IN ALL OTHER GRADES ARE REQUIRED TO HAVE ONE DOSE OF THE VARICELLA (CHICKENPOX) VACCINE

### Tdap

<table>
<thead>
<tr>
<th>School Year</th>
<th>Grades Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-2020</td>
<td>7th-12th</td>
</tr>
<tr>
<td>2020-2021</td>
<td>7th-12th</td>
</tr>
</tbody>
</table>

### Meningococcal Conjugate

<table>
<thead>
<tr>
<th>School Year</th>
<th>Grades Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-2020</td>
<td>7th-11th</td>
</tr>
<tr>
<td>2020-2021</td>
<td>7th-12th</td>
</tr>
</tbody>
</table>
As of July 1, 2008, children enrolled in early childhood programs must be immunized appropriately for age with the following immunizations:

- Diphtheria, Tetanus, Pertussis (DTaP)
- Measles, Mumps, Rubella (MMR)
- Polio
- Haemophilus influenzae type b (Hib)
- Hepatitis A
- Hepatitis B
- Varicella (Chickenpox)
- Pneumococcal

*Proof of immunity to disease(s) can be accepted in place of vaccination only if a document from a healthcare provider stating the student previously contracted the disease is presented to the facility.

### MINIMUM AGE AND MINIMUM INTERVALS

The timing and spacing of vaccine doses are two of the most important issues in the appropriate use of vaccines. Using an accelerated vaccine schedule may be necessary for children who have fallen behind schedule and need to be brought up-to-date quickly. Accelerated schedules should not be used routinely.

Vaccine doses should not be administered at intervals less than the minimum interval or earlier than the minimum ages listed in the following table.
## SUMMARY OF REQUIREMENTS

### MINIMUM AGE AND MINIMUM INTERVALS

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>Minimum Age Dose 1</th>
<th>Minimum INTERVAL Dose 1 to 2</th>
<th>Minimum INTERVAL Dose 2 to 3</th>
<th>Minimum INTERVAL Dose 3 to 4</th>
<th>Minimum INTERVAL Dose 4 to 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP/DTP/DT</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>6 months</td>
<td>6 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NOTE: For auditing purposes only — dose 4 need not be repeated if given at least 4 months after dose 3.</td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>6 months</td>
<td>(final dose must be given on or after the fourth birthday AND 6 months from the previous dose)</td>
</tr>
<tr>
<td>MMR</td>
<td>12 months</td>
<td>4 weeks</td>
<td></td>
<td>If the first dose of MMR is given before the first birthday, it must be repeated.</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>birth</td>
<td>4 weeks</td>
<td>8 weeks</td>
<td>There must be 16 weeks between dose 1 and 3. (child must be at least 24 weeks of age)</td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>8 weeks (as final dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>This dose only necessary for children aged 12 months - 5 years who received 3 doses before 12 months. Last dose should not be given earlier than 12 months and a minimum of 8 weeks after previous dose.</td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>12 months</td>
<td>3 months</td>
<td></td>
<td>If the first dose of Varicella is given before the first birthday, it must be repeated. (Children &gt;13 years of age need 2 doses, 4 weeks apart.)</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>12 months</td>
<td>6 months</td>
<td></td>
<td>NOTE: Schedule may vary according to child’s current age and previous number of doses received.</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Conjugate (PCV)</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>8 weeks (as final dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>This dose necessary for children age 12 months - 5 years who received 3 doses before age 12 months.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NOTE: One supplemental dose of Prevnar 13 vaccine is recommended for healthy children 14-59 months of age who have completed the 4-dose series with Prevnar T AND for children with underlying medical conditions through 71 months of age. Schedule may vary according to child’s current age and previous number of doses received.</td>
<td></td>
</tr>
<tr>
<td>Tetanus/Diphtheria/ Pertussis (Td)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal Conjugate</td>
<td>11-12 years</td>
<td>8 weeks</td>
<td></td>
<td>A single dose of Tdap is recommended at 11-12 years of age, regardless of interval since the last tetanus/diphtheria-containing vaccine. Td or Tdap boosters should be administered every ten years thereafter.</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Schedule may vary according to child’s current age and previous number of doses received.
DUE DATES

Each year, the Utah Department of Health collaborates with the Utah State Board of Education (USBE) as required by Utah Statutory Code 53G-9-305(2)(b) to collect immunization data on currently enrolled students from all public, private, and parochial schools. Each school is required to submit data regarding the immunization status of all children currently enrolled. These reports reflect the current requirements in accordance with CDC guidelines. All reports must be completed online. The Utah Department of Health will prescribe the information needed for each of the listed reports and instructions for completion.

THE DUE DATES ARE AS FOLLOWS:

NOVEMBER 30 OF EACH YEAR:

(a) KINDERGARTEN SUMMARY REPORT – statistical report of the immunization status of all kindergarten children in any school setting (public, private, charter, or parochial).

(b) SECOND DOSE MMR REPORT – statistical report of the two-dose Measles, Mumps, and Rubella immunization status of all students kindergarten through grade 12.

(c) SEVENTH GRADE SUMMARY REPORT – statistical report of the Hepatitis B, Tdap, Meningococcal, and Varicella status of all seventh grade students in any setting (public, private, charter, or parochial).

(d) EARLY CHILDHOOD PROGRAM REPORT – statistical report of the immunization status of all children in an early childhood program (nursery or preschools, licensed child care centers, child care facility, family home care, and Head Start Programs).

OTHER REQUIREMENTS:

(a) YEAR-END REPORTS – DUE JUNE 15th of each year – public and charter schools that report students as “conditional admission” or “out-of-compliance” on the November report will be required to submit a year-end report. This report will track those students to determine if they were immunized by the end of the school year. The Utah Immunization Program will collect the information and submit it to the Utah State Board of Education (USBE) to determine weighted pupil unit funds for each public school district in accordance with USBE policies and Utah Statutory Code (Section 53G-9-302).

(b) AUDITS – Periodic audits of schools and/or early childhood programs may be conducted by local or state health department representatives for record review to ensure children meet the immunization requirements. The goal of these audits is to assure adequate protection of Utah’s children while improving immunization procedures. A major emphasis of these visits is to provide assistance in solving any problems.
DEFINITIONS

The following are definitions which are used in the Annual Reports.

UP-TO-DATE (UTD) FOR SCHOOL ATTENDANCE - any student who has received the appropriate number of doses for each required vaccine. Proof of immunity is acceptable if student/child is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease. The student must submit a document signed by a healthcare provider to the school/early childhood program as proof of immunity.

CONDITIONAL ENROLLMENT - A student who has not provided a school/early childhood program with a complete immunization record at the time of enrollment may attend school/early childhood program on a conditional enrollment. Conditional enrollment is a period where the student’s immunization record is under review by the school/early childhood program or for 21 calendar days after the day a school/early childhood program provides a written notice to a student’s legally responsible individual, in person or by mail. The notice describes the identified deficiencies or states that the school has not received an immunization record for the student and requests the required immunizations to be provided to school/early childhood program within the conditional enrollment period to avoid exclusion.

Students who do not comply at the end of the conditional enrollment period must be excluded from attending the school/early childhood program until they provide proper documentation of immunization records to school.

EXTENDED CONDITIONAL ENROLLMENT - At the end of the conditional enrollment period, a school principal or administrator can grant an additional extension of the conditional enrollment in the following situations, if the extension is necessary to complete all required vaccination doses:

- When more time is medically recommended to complete all required vaccination doses, and
- School principal or administrator and a school nurse, a health official, or a health official designee agree that an additional extension will likely lead to compliance with school immunization record requirements during the additional extension period.

UP-TO-DATE (UTD) FOR EARLY CHILDHOOD PROGRAM ATTENDANCE - any child who has received appropriate number of doses for each required vaccine appropriate for his/her age. Proof of immunity is acceptable if student/child is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease. The student must submit a document signed by a healthcare provider to the school/early childhood program as proof of immunity.

EXEMPTION - a relief from the statutory immunization requirements by reason of medical, religious, or personal reasons.
OUT-OF-COMPLIANCE – At the end of the conditional enrollment period, the school/early childhood program must exclude the student who does not comply with school immunization record requirements from attending school/early childhood program until the student complies with the school immunization requirements, EXCEPT if a student has been granted:

(1) an additional extension of the conditional enrollment period by a school principal or administrator, for a time period medically recommended to complete all required vaccination doses, or

(2) an additional extension of the conditional enrollment in cases of extenuating circumstances if a school principal or administrator and a school nurse, a health official, or a health official designee agree that an additional extension will likely lead to compliance with school immunization record requirements during the additional extension period.

A student missing any of the following school immunization record requirements is considered out of compliance:

(a) if the school has not received an immunization record (no immunization record) from the legally responsible individual of the student, the student's former school, or a statewide registry that shows the student has received each vaccination required by the department, or

(b) if the student did not receive each vaccination required by the department, or

(c) if the student did not receive each vaccination required by the department, or

(d) if the student did not submit a document signed by a healthcare provider to the school as proof of immunity (history of disease) against the disease for which the vaccination is required, or

(e) if the student has received fewer than the required number of doses, and is one month past due for subsequent immunizations, or

(f) if the student has received one or more doses at less than the minimum interval or less than the minimum age, or

(g) if the student does not comply with the immunization requirements for military children under Section 53E-3-905.
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Utah Statutory Code – Title 53G – Chapter 9 – Part 3 Immunization Requirements
Utah Immunization Rule for Students (R396-100)

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  Exemptions
  Immunization Record Review
  Compliance Issues
  Resources

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  English Exclusion Notice for Inadequate Immunizations
  Spanish Exclusion Notice for Inadequate Immunizations
  English “21-Day Conditional Enrollment Notice”
  Spanish “21-Day Conditional Enrollment Notice”

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Common Vaccine Names

APPENDIX E - Page 65
Sample Utah Immunization Program Forms
  Sample Exemption Form
  Sample Utah School Immunization Record (USIR) card

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Utah School and Child care Employee Immunization Recommendations

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Tips for Talking to Parents About Vaccines
  How Do I Fill Out The Utah School Immunization Record (USIR)
53G-9-301. Definitions.

As used in this part:

(1) "Department" means the Department of Health, created in Section 26-1-4.

(2) "Health official" means an individual designated by a local health department from within the local health department to consult and counsel parents and licensed health care providers, in accordance with Subsection 53G-9-304(2)(a).

(3) "Health official designee" means a licensed health care provider designated by a local health department, in accordance with Subsection 53G-9-304(2)(b), to consult with parents, licensed health care professionals, and school officials.

(4) "Immunization" or "immunize" means a process through which an individual develops an immunity to a disease, through vaccination or natural exposure to the disease.

(5) "Immunization record" means a record relating to a student that includes:

(a) information regarding each required vaccination that the student has received, including the date each vaccine was administered, verified by:

(i) a licensed health care provider;

(ii) an authorized representative of a local health department;

(iii) an authorized representative of the department;

(iv) a registered nurse; or

(v) a pharmacist;

(b) information regarding each disease against which the student has been immunized by previously contracting the disease; and

(c) an exemption form identifying each required vaccination from which the student is exempt, including all required supporting documentation described in Section 53G-9-303.

(6) "Legally responsible individual" means:

(a) a student's parent;

(b) the student's legal guardian;

(c) an adult brother or sister of a student who has no legal guardian; or

(d) the student, if the student:

(i) is an adult; or

(ii) is a minor who may consent to treatment under Section 26-10-9.

(7) "Licensed healthcare provider" means a healthcare provider who is licensed under Title 58, Occupations and Professions, as:

(a) a medical doctor;

(b) an osteopathic doctor;

(c) a physician assistant; or

(d) an advanced practice registered nurse.
"Local education agency" or "LEA" means:
(a) a school district;
(b) a charter school; or
(c) the Utah Schools for the Deaf and the Blind.

"Local health department" means the same as that term is defined in Section 26A-1-102.

"Required vaccines" means vaccines required by department rule described in Section 53G-9-305.

"School" means any public or private:
(a) elementary or secondary school through grade 12;
(b) preschool;
(c) child care program, as that term is defined in Section 26-39-102;
(d) nursery school; or
(e) kindergarten.

"Student" means an individual who attends a school.

"Vaccinating" or "vaccination" means the administration of a vaccine.

"Vaccination exemption form" means a form, described in Section 53G-9-304, that documents and verifies that a student is exempt from the requirement to receive one or more required vaccines.

"Vaccine" means the substance licensed for use by the United States Food and Drug Administration that is injected into or otherwise administered to an individual to immunize the individual against a communicable disease.

53G-9-302. Immunization required-- Exception-- Weighted pupil unit funding.

(1) A student may not attend a school unless:
(a) the school receives an immunization record from the legally responsible individual of the student, the student's former school, or a statewide registry that shows:
   (i) that the student has received each vaccination required by the department under Section 53G-9-305; or
   (ii) for any required vaccination that the student has not received, that the student:
      (A) has immunity against the disease for which the vaccination is required, because the student previously contracted the disease as documented by a health care provider, as that term is defined in Section 78B-3-103; or
      (B) is exempt from receiving the vaccination under Section 53G-9-303;
   (b) the student qualifies for conditional enrollment under Section 53G-9-308; or
   (c) the student:
      (i) is a student, as defined in Section 53E-3-903; and
      (ii) complies with the immunization requirements for military children under Section 53E-3-905.

(2) An LEA may not receive weighted pupil unit money for a student who is not permitted to attend school under Subsection (1).

(1) A student is exempt from the requirement to receive a vaccine required under Section 53G-9-305 if the student qualifies for a medical or personal exemption from the vaccination under Subsection (2) or (3).

(2) A student qualifies for a medical exemption from a vaccination required under Section 53G-9-305 if the student's legally responsible individual provides to the student's school:

(a) a completed vaccination exemption form; and

(b) a written notice signed by a licensed health care provider stating that, due to the physical condition of the student, administration of the vaccine would endanger the student's life or health.

(3) A student qualifies for a personal exemption from a vaccination required under Section 53G-9-305 if the student's legally responsible individual provides to the student's school a completed vaccination exemption form, stating that the student is exempt from the vaccination because of a personal or religious belief.

(4) (a) A vaccination exemption form submitted under this section is valid for as long as the student remains at the school to which the form first is presented.

(b) If the student changes schools before the student is old enough to enroll in kindergarten, the vaccination exemption form accepted as valid at the student's previous school is valid until the earlier of the day on which:

(i) the student enrolls in kindergarten; or

(ii) the student turns six years old.

(c) If the student changes schools after the student is old enough to enroll in kindergarten but before the student is eligible to enroll in grade 7, the vaccination exemption form accepted as valid at the student's previous school is valid until the earlier of the day on which:

(i) the student enrolls in grade 7; or

(ii) the student turns 12 years old.

(d) If the student changes schools after the student is old enough to enroll in grade 7, the vaccination exemption form accepted as valid at the student's previous school is valid until the student completes grade 12.

(e) Notwithstanding Subsections (4)(b) and (c), a vaccination exemption form obtained through completion of the online education module created in Section 26-7-9 is valid for at least two years.

(1) The department shall:
   (a) develop a vaccination exemption form that includes only the following information:
      (i) identifying information regarding:
         (A) the student to whom an exemption applies; and
         (B) the legally responsible individual who claims the exemption for the student and signs the vaccination
             exemption form;
      (ii) an indication regarding the vaccines to which the exemption relates;
      (iii) a statement that the claimed exemption is for:
         (A) a medical reason; or
         (B) a personal or religious belief; and
      (iv) an explanation of the requirements, in the event of an outbreak of a disease for which a required
          vaccine exists, for a student who:
         (A) has not received the required vaccine; and
         (B) is not otherwise immune from the disease; and
   (b) provide the vaccination exemption form created in this Subsection (1) to local health departments.

(2) (a) Each local health department shall designate one or more individuals from within the local health
       department as a health official to consult, regarding the requirements of this part, with:
       (i) parents, upon the request of parents;
       (ii) school principals and administrators; and
       (iii) licensed health care providers.

       (b) A local health department may designate a licensed health care provider as a health official designee
           to provide the services described in Subsection (2)(a).

(3) (a) To receive a vaccination exemption form described in Subsection (1), a legally responsible individual
       shall complete the online education module described in Section 26-7-9, permitting an individual to:
       (i) complete any requirements online; and
       (ii) download and print the vaccine exemption form immediately upon completion of the requirements.

       (b) A legally responsible individual may decline to take the online education module and obtain a
           vaccination exemption form from a local health department if the individual:
           (i) requests and receives an in-person consultation at a local health department from a health official
               or a health official designee regarding the requirements of this part; and
           (ii) pays any fees established under Subsection (4)(b).

(4) (a) Neither the department nor any other person may charge a fee for the exemption form offered through
       the online education module in Subsection (3)(a).

       (b) A local health department may establish a fee of up to $25 to cover the costs of providing an in-person
           consultation.
53G-9-305. Regulations of department.
(1) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the department shall make rules regarding:
   (a) which vaccines are required as a condition of attending school;
   (b) the manner and frequency of the vaccinations; and
   (c) the vaccination exemption form described in Section 53G-9-304.
(2) The department shall ensure that the rules described in Subsection (1):
   (a) conform to recognized standard medical practices; and
   (b) require schools to report to the department statistical information and names of students who are not in compliance with Section 53G-9-302.

53G-9-306. Immunization record part of student's record -- School review process at enrollment -- Transfer.
(1) Each school:
   (a) shall request an immunization record for each student at the time the student enrolls in the school;
   (b) may not charge a fee related to receiving or reviewing an immunization record or a vaccination exemption form; and
   (c) shall retain an immunization record for each enrolled student as part of the student's permanent school record.
(2) (a) Within five business days after the day on which a student enrolls in a school, an individual designated by the school principal or administrator shall:
      (i) determine whether the school has received an immunization record for the student;
      (ii) review the student's immunization record to determine whether the record complies with Subsection 53G-9-302 (1); and
      (iii) identify any deficiencies in the student's immunization record.
   (b) If the school has not received a student's immunization record or there are deficiencies in the immunization record, the school shall:
      (i) place the student on conditional enrollment, in accordance with Section 53G-9-308; and
      (ii) within five days after the day on which the school places the student on conditional enrollment, provide the written notice described in Subsection 53G-9-308 (2).
(3) A school from which a student transfers shall provide the student's immunization record to the student's new school upon request of the student's legally responsible individual.

(1) A student for whom a school has not received a complete immunization record may attend the school on a conditional enrollment:

(a) during the period in which the student's immunization record is under review by the school; or

(b) for 21 calendar days after the day on which the school provides the notice described in Subsection (2).

(2)(a) Within five days after the day on which a school places a student on conditional enrollment, the school shall provide written notice to the student's legally responsible individual, in person or by mail, that:

(i) the school has placed the student on conditional enrollment for failure to comply with the requirements of Subsection 53G-9-302(1);

(ii) describes the identified deficiencies in the student's immunization record or states that the school has not received an immunization record for the student;

(iii) gives notice that the student will not be allowed to attend school unless the legally responsible individual cures the deficiencies, or provides an immunization record that complies with Subsection 53G-9-302(1), within the conditional enrollment period described in Subsection (1)(b); and

(iv) describes the process for obtaining a required vaccination.

(b) A school shall remove the conditional enrollment status from a student after the school receives an immunization record for the student that complies with Subsection 53G-9-302(1).

(c) Except as provided in Subsection (2)(d), at the end of the conditional enrollment period, a school shall prohibit a student who does not comply with Subsection 53G-9-302(1) from attending the school until the student complies with Subsection 53G-9-302(1).

(d) A school principal or administrator:

(i) shall grant an additional extension of the conditional enrollment period, if the extension is necessary to complete all required vaccination dosages, for a time period medically recommended to complete all required vaccination dosages; and

(ii) may grant an additional extension of the conditional enrollment period in cases of extenuating circumstances, if the school principal or administrator and a school nurse, a health official, or a health official designee agree that an additional extension will likely lead to compliance with Subsection 53G-9-302(1) during the additional extension period.

53G-9-309. School record of students' immunization status -- Confidentiality.

(1) Each school shall maintain a current list of all enrolled students, noting each student:

(a) for whom the school has received a valid and complete immunization record;

(b) who is exempt from receiving a required vaccine; and

(c) who is allowed to attend school under Section 53G-9-308.

(2) Each school shall ensure that the list described in Subsection (1) specifically identifies each disease against which a student is not immunized.

(3) Upon the request of an official from a local health department in the case of a disease outbreak, a school principal or administrator shall:
(a) notify the legally responsible individual of any student who is not immune to the outbreak disease, providing information regarding steps the legally responsible individual may take to protect students;

(b) identify each student who is not immune to the outbreak disease; and

(c) for a period determined by the local health department not to exceed the duration of the disease outbreak, do one of the following at the discretion of the school principal or administrator after obtaining approval from the local health department:

(i) provide a separate educational environment for the students described in Subsection (3)(b) that ensures the protection of the students described in Subsection (3)(b) as well as the protection of the remainder of the student body; or

(ii) prevent each student described in Subsection (3)(b) from attending school.

(4) A name appearing on the list described in Subsection (1) is subject to confidentiality requirements described in Section 26-1-17.5 and Section 53E-9-202.

Title 53E - Public Education System -- State Administration
Chapter 3 - State Board of Education Organization, Powers, and Duties
Part 9 - Interstate Compact on Educational Opportunity for Military Children
Section 905 - Article IV -- Educational records and enrollment -- Immunizations -- Grade level entrance.

Effective 1/24/2018 53E-3-905. Article IV — Educational records and enrollment — Immunizations — Grade level entrance.

(1) Unofficial or "hand-carried" education records. In the event that official education records cannot be released to the parents for the purpose of transfer, the custodian of the records in the sending state shall prepare and furnish to the parent a complete set of unofficial educational records containing uniform information as determined by the Interstate Commission. Upon receipt of the unofficial education records by a school in the receiving state, the school shall enroll and appropriately place the student based on the information provided in the unofficial records pending validation by the official records, as quickly as possible.

(2) Official education records or transcripts. Simultaneous with the enrollment and conditional placement of the student, the school in the receiving state shall request the student's official education record from the school in the sending state. Upon receipt of this request, the school in the sending state will process and furnish the official education records to the school in the receiving state within 10 days or within such time as is reasonably determined under the rules promulgated by the Interstate Commission.

(3) Immunizations. Compacting states shall give 30 days from the date of enrollment or within such time as is reasonably determined under the rules promulgated by the Interstate Commission, for students to obtain any immunization required by the receiving state. For a series of immunizations, initial vaccinations must be obtained within 30 days or within such time as is reasonably determined under the rules promulgated by the Interstate Commission.

(4) Kindergarten and First grade entrance age. Students shall be allowed to continue their enrollment at grade level in the receiving state commensurate with their grade level, including Kindergarten, from a local education agency in the sending state at the time of transition, regardless of age. A student that has satisfactorily completed the prerequisite grade level in the local education agency in the sending state shall be eligible for enrollment in the next highest grade level in the receiving state, regardless of age. Students transferring after the start of the school year in the receiving state shall enter the school in the receiving state on their validated level from an accredited school in the sending state.

Renumbered and Amended by Chapter 1, 2018 General Session
R396-100. Immunization Rule for Students.

R396-100-1. Purpose and Authority.

(1) This rule implements the immunization requirements of Title 53A, Chapter 11, Part 3. It establishes minimum immunization requirements for attendance at a public, private, or parochial kindergarten, elementary, or secondary school through grade 12, nursery school, licensed day care center, child care facility, family home care, or Head Start program in this state. It establishes:
   (a) required doses and frequency of vaccine administration;
   (b) reporting of statistical data; and
   (c) time periods for conditional enrollment.

(2) This rule is required by Section 53A-11-303 and authorized by Section 53A-11-306.

R396-100-2. Definitions.

As used in this rule:

“Department” means the Utah Department of Health.

“Early Childhood Program” means a nursery or preschool, licensed day care center, child care facility, family care home, or Head Start program.

“Exemption” means a relief from the statutory immunization requirements by reason of qualifying under Sections 53A-11-302 and 302.5.

“Parent” means a biological or adoptive parent who has legal custody of a child; a legal guardian, or the student, if of legal age.

“School” means a public, private, or parochial kindergarten, elementary, or secondary school through grade 12.

“School entry” means a student, at any grade, entering a Utah school or an early childhood program for the first time.

“Student” means an individual enrolled or attempting to enroll in a school or early childhood program.

R396-100-3. Required Immunizations.

(1) A student born before July 1, 1993 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, and Rubella.

(2) A student born after July 1, 1993 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, and Hepatitis B.

(3) A student born after July 1, 1993 must also meet the minimum immunization requirements of the ACIP prior to entry into the seventh grade for the following antigens: Tetanus, Diphtheria, Pertussis, Varicella, and Meningococcal.

(4) A student born after July 1, 1996 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Hepatitis B, Hepatitis A, and Varicella.
APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

(5) To attend a Utah early childhood program, a student must meet the minimum immunization requirements of the ACIP for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus Influenza Type b, Hepatitis A, Hepatitis B, Pneumococcal, and Varicella prior to school entry.

(6) The vaccinations must be administered according to the recommendations of the United States Public Health Service’s Advisory Committee on Immunization Practices (ACIP) as listed below which are incorporated by reference into this rule:

(a) General Recommendations on Immunization: MMWR, December 1, 2006/Vol. 55/No. RR-15;
(b) Immunization of Adolescents: MMWR, November 22, 1996/Vol. 45/No. RR-13;
(c) Combination Vaccines for Childhood Immunization: MMWR, May 14, 1999/Vol. 48/No. RR-5;
(e) Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine from the Advisory Committee on Immunization Practices, 2010: MMWR, January 14, 2011/Vol. 60/No. 1;
(g) Haemophilus b Conjugate Vaccines for Prevention of Haemophilus influenzae Type b Disease Among Infants and Children Two Months of Age and Older: MMWR, January 11, 1991/Vol. 40/No. RR-1;
(h) Recommendations for Use of Haemophilus b Conjugate Vaccines and a Combined Diphtheria, Tetanus, and Pertussis, and Haemophilus b Vaccine: MMWR, September 17, 1993/Vol. 42/No. RR-13;
(i) Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP) for the Control and Elimination of Mumps: MMWR, June 9, 2006/Vol. 55/No. RR-22;
(j) Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP) Regarding Routine Poliovirus Vaccination: MMWR, August 7, 2009/Vol. 58/No. 30;
(k) Prevention of Varicella: MMWR, June 22, 2007/Vol. 56/No. RR-4;
(l) Prevention of Hepatitis A Through Active or Passive Immunization: MMWR, May 29, 2006/Vol. 55/No. RR-7;
(m) Licensure of a 13-Valent Pneumococcal Conjugate Vaccine (PCV13) and Recommendations for Use Among Children—Advisory Committee on Immunization Practices, (ACIP), 2010: MMWR March 12, 2010/Vol. 59/No. 09; and
(n) Prevention and Control of Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP): March 22, 2013/62(RR02);1-22.
R396-100-4. Official Utah School Immunization Record (USIR).

(1) Schools and early childhood programs shall use the official Utah School Immunization Record (USIR) form as the record of each student's immunizations. The Department shall provide copies of the USIR to schools, early childhood programs, physicians, and local health departments upon each of their requests.

(2) Each school or early childhood program shall accept any immunization record provided by a licensed physician, registered nurse, or public health official as certification of immunization. It shall transfer this information to the USIR with the following information:
   (a) name of the student;
   (b) student's date of birth;
   (c) vaccine administered; and
   (d) the month, day, and year each dose of vaccine was administered.

(3) Each school and early childhood program shall maintain a file of the USIR for each student in all grades and an exemption form for each student claiming an exemption.
   (a) The school and early childhood programs shall maintain up-to-date records of the immunization status for all students in all grades such that it can quickly exclude all non-immunized students if an outbreak occurs.
   (b) If a student withdraws, transfers, is promoted or otherwise leaves school, the school or early childhood program shall either:
      (i) return the USIR and any exemption form to the parent of a student; or
      (ii) transfer the USIR and any exemption form with the student's official school record to the new school or early childhood program.

(4) A representative of the Department or the local health department may examine, audit, and verify immunization records maintained by any school or early childhood program.

(5) Schools and early childhood programs may meet the record keeping requirements of this section by keeping its official school immunization records in the Utah Statewide Immunization Information System (USIIS).

R396-100-5. Exemptions.

A parent claiming an exemption to immunization for medical, religious or personal reasons, as allowed by Section 53A-11-302, shall provide to the student's school or early childhood program the required completed forms. The school or early childhood program shall attach the forms to the student's USIR.

R396-100-6. Reporting Requirements.

(1) Each school and early childhood program shall report the following to the Department in the form or format prescribed by the Department:
   (a) by November 30 of each year, a statistical report of the immunization status of students enrolled in a licensed day care center, Head Start program, and kindergartens;
   (b) by November 30 of each year, a statistical report of the two-dose measles, mumps, and rubella immunization status of all kindergarten through twelfth grade students;
   (c) by November 30 of each year, a statistical report of tetanus, diphtheria, pertussis, hepatitis B, varicella, and the two-dose measles, mumps, and rubella immunization status of all seventh grade students; and
(d) by June 15 of each year, a statistical follow-up report of those students not appropriately immunized from the November 30 report in all public schools, kindergarten through twelfth grade.

(2) The information that the Department requires in the reports shall be in accordance with the Centers for Disease Control and Prevention guidelines.


A school or early childhood program may conditionally enroll a student who is not appropriately immunized as required in this rule. To be conditionally enrolled, a student must have received at least one dose of each required vaccine and be on schedule for subsequent immunizations. If subsequent immunizations are one calendar month past due, the school or early childhood program must immediately exclude the student from the school or early childhood program.

(1) A school or early childhood program with conditionally enrolled students shall routinely review every 30 days the immunization status of all conditionally enrolled students until each student has completed the subsequent doses and provided written documentation to the school or early childhood program.

(2) Once the student has met the requirements of this rule, the school or early childhood program shall take the student off conditional status.


(1) A local or state health department representative may exclude a student who has claimed an exemption to all vaccines or to one vaccine or who is conditionally enrolled from school attendance if there is good cause to believe that the student has a vaccine preventable disease, or

(a) has been exposed to a vaccine preventable disease; or

(b) will be exposed to a vaccine preventable disease as a result of school attendance.

(2) An excluded student may not attend school until the local health officer is satisfied that a student is no longer at risk of contracting or transmitting a vaccine-preventable disease.


Enforcement provisions and penalties for the violation or for the enforcement of public health rules, including this Immunization Rule for Students, are prescribed under Section 26-23-6. A violation is punishable as a class B misdemeanor on the first offense, a class A misdemeanor on the second offense or by civil penalty of up to $5,000 for each violation.

KEY: Immunization, Rules and Procedures
Date of Last Substantive Amendment: December 2014
Notice of Continuation: June 28, 2013
Authorizing, and Implemented or Interpreted Law: 53A-11-303; 53A-11-306
1. What records are required for school or early childhood program entry?

All children enrolled in a school or early childhood program, nursery school, or preschool MUST have written proof to verify the student’s immunizations, exemption, or proof of immunity (history of disease). Immunization records of students must show:

(1) information regarding each required vaccination that the student has received, including the date each vaccine was administered verified by a licensed healthcare provider, registered nurse, an authorized representative of a local health department, an authorized representative of the department, or a pharmacist;

(2) information regarding each disease against which the student has been immunized by previously contracting the disease (healthcare provider document required if the student has immunity against the disease for any required vaccination that the student has not received because the student previously contracted the disease); and

(3) a Utah vaccination exemption form identifying each required vaccination from which the student is exempt (for medical exemption, students must provide a completed vaccination exemption form AND a written statement signed by a licensed healthcare provider stating that, due to the physical condition of the student, administration of the vaccine would endanger the student's life or health).

NOTE: Every Utah early childhood program and school student file MUST have a Utah School Immunization Record (USIR) on site per UT Admin Code R396-100-4 with all fields completed. If the USIR is kept in an electronic form, it must be up-to-date with the most current immunization information, include any required documents (exemption, proof of immunity, and have all required signatures.

2. How can a student be admitted/enrolled in a school or early childhood program conditionally?

A student who has not provided a school/early childhood program with a complete immunization record at the time of enrollment can attend the school or early childhood program on a conditional enrollment. Conditional enrollment is a period where the student’s immunization record is under review by the school or for 21 calendar days after the day a school/early childhood program provides a written notice to a student’s legally responsible individual, in-person or by mail. The notice describes the identified deficiencies or states that the school/early childhood program has not received an immunization record for the student and requests the required immunizations to be provided to school within the conditional enrollment period to avoid exclusion.

Students who do not comply at the end of the conditional enrollment period, must be excluded from attending the school/early childhood program until they provide proper documentation of immunization records to the school/early childhood program.

3. Are transfer students required to provide immunization documentation before being admitted into a new school?

Yes. Before entry, all children transferring from one Utah school to another or from schools outside Utah to a Utah school are required to provide the new school with the appropriate immunization information. Please exercise sound judgment when working with other schools to ensure immunization records are transferred in a timely manner.
4. What about homeless students?
Homeless students are like any other student in your school. See the McKinney-Vento Homeless Assistance Act (re-authorized Dec. 2015):

- The school selected must immediately enroll even if unable to produce normally required records for enrollment or while obtaining school records from previous school. 42 U.S.C. § 11432(g)(3)(C)(i)
- Enrolling schools shall contact the school last attended by the student immediately to obtain relevant academic and other records. 42 U.S.C. § 11432(g)(3)(C)(ii)
- If a child or youth experiencing homelessness needs to obtain immunization or other required health records, the enrolling school will immediately refer the parent, guardian, or unaccompanied youth to the local liaison, who will assist in obtaining necessary immunizations or screenings, or immunization or other required health records. 42 U.S.C. § 11432(g)(3)(C)(iii)

Please work closely with your school district’s liaison and use your best judgment to ensure these students receive the education they are entitled to and to receive immunizations they need to be protected from vaccine-preventable diseases. Collaboration will continue with the Utah State Office of Education to ensure school districts do not have weighted pupil units withheld for homeless students if there have been concerted efforts to obtain immunizations or immunization records for them. Many of these homeless students have no insurance, and are eligible to receive low- or no-cost immunizations through local health departments using vaccine provided by the Vaccines for Children (VFC) Program. For information on the Utah VFC Program call (801) 538-9450.

5. What is the school/early childhood program immunization record review process at enrollment?
Each school/early childhood program:
(a) Must request an immunization record for each student at the time the student enrolls in the school/early childhood program.
(b) Must retain an immunization record for each enrolled student as part of the student’s permanent school record.

Within five business days after the day a student enrolls in a school/early childhood program, an individual designated by the school principal or administrator:
(a) must determine whether the school has received an immunization record for the student;
(b) must review each student’s immunization record to determine whether the record complies with the required immunizations. The record must show the student: 1) has received each vaccination required by the Utah Department of Health under Section 53G-9-305; 2) has immunity against the disease as documented by a healthcare provider for any required vaccination that the student has not received because the student previously contracted the disease; 3) is exempt from receiving the vaccination under Section 53G-9-303; 4) qualifies for conditional enrollment under Section 53G-9-308; or 5) complies with the immunization requirements for military children under Section 53E-3-905.
(c) Identify any deficiencies in the student's/child’s immunization record.
(d) Place the student/child lacking immunization records or having deficiencies in their immunization records on conditional enrollment.
Within five days after the day the school/early childhood program places the student on conditional enrollment, provide the written notice to the child legally responsible individual via mail or in person.

Students/children can attend school/early childhood program during the conditional enrollment period (21 calendar day). A school/early childhood program from which a student transfers must provide the student’s immunization record to the student’s/child’s new school/early childhood program upon request of the student’s/child’s legally responsible individual.
6. What is conditional enrollment and what is the conditional enrollment process?

A student who has not provided a school with a complete immunization record at the time of enrollment can attend school/early childhood program on a conditional enrollment status. Conditional enrollment is a period where the student’s immunization record is under review by the school or for 21 calendar days after the day a school/early childhood program provides a written notice to a student’s legally responsible individual, in-person or by mail. The notice describes the identified deficiencies or states that the school/early childhood program has not received an immunization record for the student and requests the required immunizations to be provided to school/early childhood program within the conditional enrollment period to avoid exclusion.

Students who do not comply at the end of the conditional enrollment period must be excluded from attending the school/early childhood program until they provide proper documentation of immunization records to school/early childhood program.

During the conditional enrollment the student’s/child’s legally responsible individual must get the student/child vaccinated, show a record of past vaccination, show a healthcare provider statement as proof of immunity if the child has history of disease for any of the required vaccines, or exempt the student/child for the missing vaccine. Students/children can attend school/early childhood program during the conditional enrollment period.

Conditional enrollment process:

- Starting the day of enrollment, the school/early childhood program has up to five business days to review the immunization record.
- After the above review, if deficiencies in the immunization record exist, the school/early childhood program has five additional days to provide written notice to the student’s/child’s legally responsible individual in person or by mail which:
  - identifies, and requests the required immunizations.
  - provides a written 21-calendar day notice for the immunization records to be provided to avoid exclusion.
- Students who do not comply at the end of the conditional enrollment period must be excluded from attending the school/early childhood program until they provide proper documentation of immunization records to school/early childhood program.

7. Can schools/early childhood programs extend the conditional enrollment period?

Yes, at the end of the conditional enrollment period, a school principal or administrator may grant an additional extension of the conditional enrollment, if:

(1) the extension is medically necessary to complete all required vaccination doses; and
(2) the school principal or administrator and a school nurse, a health official, or a health official designee agree that an additional extension will likely lead to compliance with school immunization record requirements during the additional extension period.
8. What is the process for claiming an exemption from the required vaccines?
Students/children claiming an exemption from the required vaccinations must have their legally responsible individual complete an on-line educational module (free of charge), or in-person consultation (fee of up to $25) at a local health department, AND provide a copy of the completed form to the school/early childhood program official. Completion of the online educational module or in-person consultation at a local health department must be completed for all types of exemptions.

- Utah allows for three types of exemptions: medical, personal, or religious.
- The legally responsible individual who claims the exemption for the student/child must complete the online education module, free of charge at immunize.utah.gov AND present a copy of the vaccination exemption form to the school/early childhood program.
- If the legally responsible individual who claims the exemption for the student/child declines to take the online education module, he/she can obtain a vaccination exemption form from a local health department and receive an in-person consultation. There is a fee of up to $25 to cover the costs of providing an in-person consultation.
- For a medical exemption from required immunizations, the student's/child’s legally responsible individual must provide to the student's/child’s school/early childhood program a completed Utah vaccination exemption form AND a written statement signed by a licensed healthcare provider stating that, due to the physical condition of the student/child, administration of the vaccine would endanger the student's/child’s life or health.
- For personal/religious exemption from the required vaccinations, the student's/child’s legally responsible individual must provide to the student's/child’s school/early childhood program a completed Utah vaccination exemption form, stating that the student/child is exempt from vaccination because of a personal or religious belief.
- A copy of the vaccination exemption form must be attached to the Utah School Immunization Record (USIR) and filed in the student’s cumulative folder. A written statement from a licensed healthcare provider must also be attached to the USIR if a medical exemption is claimed.

9. When should students/children renew their exemption forms?
When the student is eligible to enroll in kindergarten or the student turns six years old. Also when the student enrolls in 7th grade or the student turns 12 years old.

- Utah vaccination exemption forms provided to a preschool or early childhood program do not need to be renewed as long as the child is in preschool or any early childhood program - even if the child changes preschools or early childhood programs. However, if a child changes schools and is old enough to enroll in kindergarten or the child turns six years old, the child must renew his/her vaccination exemption form. In other words - children must renew their vaccination exemption forms for kindergarten entry.

- Once an exemption form is received at any point from grade 7 on, the form is valid until the student graduates from high school - even if the student changes schools. No need for exemption renewal.

- Exemption forms obtained through the completion of the online education module are valid for no less than two years. For example, if a student obtains an exemption form in 6th grade, that student does not need to renew his/her exemption form for 7th grade entry.

10. Some parents or schools have the signed outdated Utah School Immunization Record card for history of chickenpox disease for their students. Since the Utah School Immunization Record card was signed by these parents prior to July 1, 2018, can school/child care facilities accept them as proof of immunity now that the Rule has changed?
Yes. Schools/child care facilities can accept the old signed Utah School Immunization Record cards as proof of immunity for chickenpox disease only.
11. What if a student/child has previously been diagnosed by a physician with a vaccine-preventable disease?
If the student/child has immunity against the disease for which the vaccination is required, *because the student has previously contracted the disease*, a letter from a healthcare provider must be provided to the school/early childhood program verifying the diagnosis. Schools/early childhood programs must attach the immunity document from the healthcare provider to the Utah School Immunization Record.

12. Are schools/early childhood programs required to maintain a current list of all students’ immunization status?
Yes. Each school/early childhood program must maintain a current list of all enrolled students, including:

- List of students the school has received a valid and complete immunization record;
- List of students who are exempt from receiving a required vaccine;
- List of students who are allowed to attend school/early childhood program under conditional enrollment status; and
- List that specifically identifies each disease against which a student is not immunized.

Upon the request of an official from a local health department in the event of a disease outbreak, a school principal or administrator must:

(a) notify the legally responsible of any student who is not immune to the outbreak disease, providing information regarding steps the legally responsible individual may take to protect students;
(b) identify each student who is not immune to the outbreak disease; and
(c) for a period determined by the local health department not to exceed the duration of the disease outbreak, do one of the following at the discretion of the school principal or administrator after obtaining approval from the local health department:
   (i) provide a separate educational environment for non-immune students, that ensures the protection of the non immune students as well as the protection of the remainder of the student body; or
   (ii) prevent each student who is not immune to the outbreak disease from attending school.

A name appearing on the list of all the enrolled students is subject to confidentiality requirements described in Section 26-1-17.5 and Section 53E-9-202.

13. What is the definition of legally responsible individual?
Legally responsible individual is defined as a parent or parents, a legal guardian, or adult sibling of a student/child who has no legal guardian.

14. Can schools accept the signed Utah immunization exemption forms that were used prior to July 1, 2018?
Schools can accept them but if the student is going to kindergarten or 7th grade and still wants to be exempt from the required immunizations, the legally responsible individual of the student must complete the on-line immunization educational module (free of charge), or in-person consultation (fee of up to $25) at a local health department,. For medical exemption from required immunizations, in addition to the completed vaccination exemption form, they must also provide a written notice signed by a licensed healthcare provider stating that due to the physical condition of the student, administration of the vaccine would endanger the student’s life or health. The statement should also indicate whether the exemption is temporary (indicate the expiration date) or permanent.
EXEMPTIONS

1. Are there any allowable exemptions?
Yes. The Utah Immunization Rule for Students allows an exemption to be claimed for medical, religious, or personal reasons. Exemptions are allowable for enrollment use in early childhood programs or public, private, charter, and parochial schools for kindergarten through twelfth grade.

2. Are exempted children to be excluded from school in the event of an outbreak?
Yes. In the event of an outbreak, children who are conditionally enrolled, extended conditionally enrolled, out of compliance, or those who have claimed an exemption and have not received the immunization for which there is an outbreak should be encouraged to complete immunizations or should be excluded from school/early childhood program.

3. We have some students that their exemption form states they are exempt from all the required vaccines. These students have been receiving vaccines since they submitted their exemption form to school and are current with some of the school immunization requirements. Therefore, they are technically no longer exempt from all the required vaccines but are still exempt from some. What is the best thing for schools to do in this scenario?
For vaccine-preventable outbreak investigation of exempt students, accurate reporting, and auditing purposes, it is better for parents of these students to update the exemption form to reflect the current immunization or exemption status of these students.

IMMUNIZATION RECORD REVIEW AND REPORTING

1. Can a school or early childhood program maintain immunization records in a computer database ONLY?
No. According to the Utah Immunization Rule for Students (R396-100-4), the Utah School Immunization Record (USIR), is the official school immunization record for all students who are enrolled in any early childhood program, public, private, charter, or parochial school. This USIR card should be used to verify a student’s immunization status. The Utah Statewide Immunization Information System (USIIS) provides a way for schools and other facilities to have access to immunization records statewide and to track and record immunizations. A school or early childhood program may enroll to use USIIS and print out the USIR for the student’s file from USIIS. Unless a school or early childhood program enrolls and uses USIIS, a USIR card shall be completed and placed in the student’s cumulative file. If a school has a database, it may be used to track student follow-up and may generate reports—if it is done correctly. However, a USIR card must be in each student’s cumulative file as a backup. A print out from the database is not acceptable. For questions about USIIS or to enroll your school or program in USIIS, contact the Utah Immunization Program at (801) 538-9450.

2. Where can I get USIR cards?
You can now print the USIR card from our the Utah Immunization Program website. The Utah Immunization Program will supply the USIR free of charge to all early childhood programs upon request. You may place an order at immunize.utah.gov.

3. What about the USIR card filling?
Schools must use the most current version of the USIR card (07/2018) for students entering kindergarten, 7th grade and students transferring from another state. If an existing student has an older version of the USIR and the student is required to have a vaccine that is not on the USIR on file, schools must use the most current USIR (07/2018) and transfer all the old information onto the most current version of USIR or staple the new USIR to the old one.
4. A child received vaccinations in another country. Can those records be accepted?

They can be accepted IF the same dosing schedule that is used in the U.S. was used. Often, foreign countries use a different schedule than in the U.S. The Utah Immunization Rule is based on the schedule that is used in the U.S.

5. Is a school-age student attending an early childhood program required to have an immunization record on file at that facility?

Yes. A current immunization record must be maintained on EVERY child attending an early childhood program.

6. Are schools required to maintain immunization records for preschool children?

Yes. Preschool children attending a public or private school must have an immunization record on file with the school.

7. A parent is adamant that his/her child has been vaccinated, but cannot provide written documentation. Can the child be admitted into school or an early childhood program?

Yes, the child can be “conditionally enrolled” and the facility has the responsibility to follow the requirements for conditionally enrolling the children.

8. A parent has a partial record and/or statement signed by a physician stating, “All doses received,” “Complete,” “Up To Date,” “Primary series complete,” or other similar statements. Can this be accepted as proof of immunization?

No. Statements regarding immunizations that do not contain complete dates for all doses received are NOT adequate for attendance. The parent should contact their healthcare provider and request a new record documenting all vaccinations and dates administered.

9. What is the four-day grace period?

The four-day grace period was implemented in the 2002 General Recommendations from the U.S. Advisory Committee on Immunization Practices. The four-day grace period should be used for auditing purposes only. It allows the record reviewer to give a four-day grace period if a dose of any vaccine was given too early. Four days is the limit. It should not be used to schedule succeeding doses of vaccine. It should be used with discretion and with the understanding it is for auditing purposes only. The four-day “grace period” should not be applied to the 28-day interval between live vaccines not administered at the same visit.

10. We occasionally encounter teen-agers who received 4 doses of IPV before their fourth birthday. Should we recommend a 5th dose of IPV for these children?

Generally, no. ACIP revised its recommendation for IPV in June 2009 to include a dose at 4 through 6 years regardless of the number of doses prior to age 4 years. However, ACIP did not recommend retroactive application of the new minimum age rule for the fourth dose. For children receiving their fourth dose prior to August 7, 2009, four doses separated by at least 4 weeks is sufficient, unless the teenager is traveling to a polio-endemic area (Reference: http://www.immunize.org/askexperts/experts_pol.asp).
11. Should special education students be included in annual immunization reports?
Students in special education programs should follow requirements for the grade they are in. If these students are not associated with a specific grade, they should follow the requirements for students who are about the same age. Students over 18 years of age in a special education program who have not completed high school should follow the immunization requirements for students who are about the same age. All these students must be included in the annual immunization reports.
Schools should not include post high school students enrolled in special programs in the annual immunization reports.

12. The immunization record shows that some vaccines were given at intervals longer than those recommended. Do these vaccines need to be repeated?
No. All doses given at intervals longer than recommended are valid doses. A longer interval does not affect the effectiveness of a vaccine.

13. How does Utah determine the required immunization schedule?
Utah’s Immunization Rule for Students is based upon the “Recommended Childhood Immunization Schedule” published by the Centers for Disease Control and Prevention (CDC). This schedule is developed from the recommendations of the National Advisory Committee on Immunization Practices (ACIP). The ACIP includes representatives from both the public health and the private medical sectors, including the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). To establish Utah’s requirements, the Utah Scientific Vaccine Advisory Committee evaluates the ACIP recommendations and determines their appropriateness/feasibility to Utah’s unique situations and makes recommendations to the Utah Department of Health as to which immunizations should be required for school entry.

14. Why must vaccines be repeated if received before the minimum age or interval?
Children who receive vaccines before the minimum age or interval may not develop an adequate antibody response to the immunization. Therefore, even though a child physically received a “shot,” it may have been ineffective in protecting the child against disease. By consistently maintaining the minimum age and interval requirement for all vaccines, children are more likely to develop adequate immunity. Refer to the minimum age and interval chart on page 28.

15. If a dose of DTaP or Tdap is inadvertently given to a child/student for whom the product is not indicated (e.g., wrong age group), how do we rectify the situation?
• Tdap given to a child younger than age seven years as either dose 1, 2, or 3, is NOT valid. Repeat with DTaP as soon as feasible.
• Tdap given to a child younger than age seven years as either dose 4 or 5 can be counted as valid for DTaP dose 4 or 5.
• DTaP inadvertently administered at or after 7 years:
  - Children age 7–9 years: DTaP may count as part of catch-up series. Routine Tdap dose at age 11-12 years should be administered.
  - Children age 10–18 years: Count dose of DTaP as the adolescent Tdap booster.
• Tdap administered at 7–10 years of age:
  - Children age 7-9 years who receive Tdap should receive the routine Tdap dose at age 11-12 years.
  - Children age 10 years who receive Tdap do not need to receive the routine Tdap dose at age 11-12 years.
*Fully vaccinated = 5 valid doses of DTaP or 4 valid doses of DTaP if dose 4 was administered at age 4 years or older.
COMPLIANCE ISSUES

1. What criteria are used to determine whether a student is in compliance with Utah’s immunization requirements?

To determine if a student meets the requirements of the Utah Immunization Rule for Students, the following must be considered:

(a) the student’s age;

(b) whether the student is in a school or early childhood program (requirements may differ depending on which facility the student is attending; i.e., Hib is not required for entry into kindergarten).

(c) whether the student's immunization history indicates:
   (i) verification by a licensed healthcare provider, registered nurse, an authorized representative of a local health department, an authorized representative of the department, or a pharmacist.
   (ii) month, day, and year each vaccine was administered.
   (iii) sufficient spacing intervals between doses.

(d) whether the student has claimed an exemption and submitted a copy to the school or early childhood program.

(e) if the child has immunity from any required vaccines and submitted a statement from a licensed healthcare provider.

It is difficult to describe all possible situations that a school or early childhood program might encounter in its efforts to maintain compliance with the regulations and limit the spread of vaccine-preventable diseases. If you have specific questions that cannot be answered by this guidebook, please call the Utah Immunization Program for consultation.

2. Who is responsible for proper immunization compliance?

Legally Responsible Individual of the student/child:

(a) is responsible for obtaining all age-appropriate immunizations for their children and providing valid immunization records to the school or early childhood program.

Principal/Early Childhood Program Official:

(a) has the ultimate responsibility to ensure students attending school or early childhood programs are in compliance with Utah’s immunization requirements; this includes assuring valid immunization records are complete and on file at the school or early childhood program and that follow-up for additional information (records or doses) is accomplished when necessary.

(b) shall exclude students who are out-of-compliance after notifying the parent or guardian that the student is out-of-compliance and will be excluded from school.

(c) is responsible to ensure the annual immunization reports are submitted to the Utah Department of Health. See Section 5 starting on page 56 for information regarding annual reports.

3. Can a school scan the Utah School Immunization Record (USIR), exemption form, and health care provider documentation for history of disease if the school only uses electronic student cumulative folder/school permanent record file?

Yes, maintaining an electronic/scanned copy of the USIR, student exemption form, and health care provider documentation for history of disease as part of the student’s permanent cumulative record meets the Utah Statutory Code. This eliminates the need for a hard copy record to be kept on file because everything is electronic. If the USIR is kept in an electronic form, it must be up-to-date with the most current immunization information, including any required documents, and have all required signatures.

When a district uses electronic student cumulative folder all the following criteria must be met:

- School personnel singed USIR, exemption form, and health care provider documentation for history of disease must be checked for accuracy before scanning into the file;
- The electronic copy of the USIR, student exemption, and health care provider documentation for history of disease must be made available to the Utah Department of Health (UDOH) or local health departments as required for audit and to verify immunization records/exemptions/history of disease if an outbreak occurs for excluding all non-immunized students or exempt students; and
- The electronic copy of the USIR, student exemption form, and health care provider documentation for history of disease follows the student through his or her school career and must be sent to any transfer school upon the request of the student’s legally responsible individual (53G-9-306).
APPENDIX B – FREQUENTLY ASKED QUESTIONS

RESOURCES

1. Where can I find more information about immunizations?
Contact the Utah Immunization Program or visit our website at immunize.utah.gov. This guidebook is available on the website. Please visit the website periodically to learn more about the latest on immunization issues.

   Utah Immunization Program
   Phone: (801) 538-9450 or Fax (801)538-9440 Immunization Hotline: 1-800-275-0659
   Address:
   Utah Immunization Program
   288 North 1460 West
   P.O. Box 142012
   Salt Lake City, Utah  84114-2012

2. What other sources of information are available on the internet?
There are many sources for great information on the internet. See the following list for some examples.


   Bill & Melinda Gates Children's Vaccine Program – A non-profit organization which focuses on children in developing countries, but information is also applicable in the United States. www.gatesfoundation.org

   Centers for Disease Control and Prevention (CDC) – Several websites and phone numbers with timely and accurate information for students, parents, the community, and school nurses.
   CDC Home Page – www.cdc.gov
   In the News (announcements, hot topics, etc.)
   Health information
   Publications, software, and products
   Electronic Emerging Infectious Disease Journal

   CDC Prevention Guidelines
   Advisory Committee on Immunization Practices (ACIP) - vaccine recommendations, access to individual state immunization program home pages

   International Travel – online health information and recommended immunizations by geographic areas; the latest news on international disease outbreaks. The most recent “Health Information for International Travel” (the Yellow Book). www.cdc.gov/travel
APPENDIX B – FREQUENTLY ASKED QUESTIONS

National Center for Immunization and Respiratory Diseases (NCIRD) (Formally the National Immunization Program) – Upcoming events, announcements, publications, including *Epidemiology and Prevention of Vaccine-Preventable Diseases*” (the Pink Book), Vaccine Information Statements (VIS), Clinic Assessment Software Application (CASA), Vaccine Safety Information. www.cdc.gov/vaccines

Hepatitis Branch – www.cdc.gov/hepatitis

Spanish Language – www.cdc.gov/spanish


Children’s Hospital of Philadelphia (CHOP) – Vaccine Education Center; great resources for families and professionals www.vaccine.chop.edu

Immunization Action Coalition (IAC) – Dependable source on a variety of immunization issues
  Home Page – www.immunize.org
  General Resources – www.immunize.org/resources
  IAC Express – Free email news services express@immunize.org
  Vaccine Information Statements (VIS) – English and many other languages www.immunize.org/vis

National Alliance for Hispanic Health – Immunizations for All Ages Programs; a great Hispanic immunization resource for schedules, news briefs, videos. www.hispanichealth.org or call 202-387-5000.

The Food and Drug Administration (FDA) – Vaccine Adverse Events Reporting System (VAERS) This site explains this safety system and provides vaccine information. www.vaers.hhs.gov
FDA Information – 1-888-FDA-INFO (1-888-463-6332)

The National Network for Immunization Information – www.immunizationinfo.org

The Vaccine Page – www.vaccines.org

Toll Free Numbers
  CDC Immunization Information – 1-800-CDC-INFO (1-800-232-4636)
  FDA Information – 1-888-FDA-INFO (1-888-463-6332)
The following pages are sample letters that may be used to notify parents of immunization requirements. These letters may be modified by adding local letterhead, clinic hours, phone numbers, etc.

(1) Early Childhood Program Immunization Requirements

(2) English “Exclusion Notice” for Inadequate Immunizations

(3) Spanish “Exclusion Notice” for Inadequate Immunizations

(4) English “21-Day Conditional Enrollment Notice”

(5) Spanish “21-Day Conditional Enrollment Notice”
Early Childhood Program Immunization Requirements

Dear Parent/Guardian:

Utah law requires children attending this Early Childhood Program or facility be appropriately immunized for their age against the following vaccine-preventable diseases:

- Diphtheria
- Measles
- Pertussis
- Mumps
- Tetanus
- Rubella
- Polio
- Haemophilus influenzae type b (Hib)
- Hepatitis A
- Pneumococcal
- Hepatitis B
- Varicella (Chickenpox)

It is your responsibility to have your child immunized and to provide this facility with a medically verified, date- and dose-specific immunization record for all required immunizations he/she has received. This is required for admission to this facility.

Factors regarding when your child gets which doses of vaccine include:

- current age of child;
- when he/she began the immunization series; and
- grade, if he/she attends school.

For specific information on which immunizations your child should receive, please consult with your child’s healthcare provider.

Sincerely,
**Exclusion Notice For Inadequate Immunizations**

**Date:**

Dear Parent/Guardian:

A recent review of immunization records shows that your child, *(NAME)*, is currently not in compliance with Utah’s School Immunization Law for Students *(53G-9-302)*. Therefore, under Utah Statutory Code 53G-9-308, your child will be excluded from attending school on mm/dd/yyyy. We regret that we have taken this action but state law requires that children must be appropriately immunized in order to attend a Utah school or early childhood program. Our facility supports this policy. Please obtain complete dates for the indicated immunizations and provide a record to us. If your child is not immunized due to medical, religious, or personal reasons, you are required to provide us the appropriate exemption form. If your child has immunity against the disease for which the vaccination is required because your child previously contracted the disease, you need to provide us a document from a healthcare provider verifying that. Your child can not attend school until we have this information.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose in Question (circle dose number)</th>
<th>Reason (see codes to right)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP/DT/Td*</td>
<td>1 2 3 4 5</td>
<td>A. Dates or doses are missing or incomplete.</td>
</tr>
<tr>
<td>Tdap*</td>
<td>1</td>
<td>B. Previous dose(s) was/were given too close together.</td>
</tr>
<tr>
<td>Polio</td>
<td>1 2 3 4</td>
<td>C. Previous dose(s) was/were given at too young an age.</td>
</tr>
<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>1 2 3</td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal (PCV)</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Meningococcal Conjugate</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

*D = Diphtheria  
*T = Tetanus  
*P = Pertussis

If you have questions or need additional information, please call (TELEPHONE NUMBER).

Sincerely,

Name

Title
Notificación de Exclusión por Inmunizaciones Inadecuadas

(DATE)

Estimados Padres/Guardianes:

Una revisión reciente de los registros de vacunación muestra que su hijo, (NAME), actualmente no cumple con la Ley de Inmunización Escolar para Estudiantes del estado de Utah (53G-9-302). Por lo tanto, bajo el Código Estatutario de Utah 53G-9-308, su hijo no podrá seguir asistiendo a la escuela a partir de (mm/dd/yyyy). Lamentamos tener que haber tomado esta medida, pero la Ley Estatal exige que los niños y niñas tengan las vacunas adecuadas para poder asistir a una escuela o un programa para la primera infancia en el estado de Utah. Nuestra institución apoya esta política. Por favor obtenga las fechas completas para las vacunas indicadas y provéanos con un registro. Si su hijo/a no está vacunado por razones médicas, religiosas o personales, tiene que proveernos del formulario de exención correspondiente. Si su hijo/a tiene inmunidad contra la enfermedad para la cual se requiere la vacuna debido a que su hijo/a contrajo previamente dicha enfermedad, tiene que proveernos un documento de un proveedor de atención médica que así lo verifique. Su hijo/a no puede asistir a la escuela hasta que tengamos esta información.

LAS CAJETILLAS MARCadas ABAJO INDICAN LAS DOSIS QUE SE REQUIEREN PARA EL REGISTRO DE SU NIÑO/A.

<table>
<thead>
<tr>
<th>Vacuna</th>
<th>Dosis faltante (haga un círculo alrededor del número de la dosis faltante)</th>
<th>Razón (vea códigos en columna derecha)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP/DT/Td*</td>
<td>1 2 3 4 5</td>
<td>A. Las fechas y dosis faltan o están incompletas.</td>
</tr>
<tr>
<td>TDap (Refuerzo)*</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td>1 2 3 4</td>
<td>B. Las dosis previas fueron hechas con muy poco tiempo de por medio.</td>
</tr>
<tr>
<td>MMR (Sarampión, Paperas, Rubeola)</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>1 2 3</td>
<td>C. Las dosis previas fueron hechas a una edad demasiado temprana.</td>
</tr>
<tr>
<td>Haemophilus Influenzae Tipo b (Hib)</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Varicela</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>Pneumocócica (PCV)</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Meningocócica</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

A. Las fechas y dosis faltan o están incompletas.
B. Las dosis previas fueron hechas con muy poco tiempo de por medio.
C. Las dosis previas fueron hechas a una edad demasiado temprana.

*D = Difteria
*T = Tétano
*P = Pertusis

Si tiene preguntas o requiere información adicional, sírvase llamar (TELEPHONE NUMBER).

Sinceramente,

Name
Title
21-Day Conditional Enrollment Notice

Date:

To the legally responsible individual of ________________________________.

The purpose of this letter is to inform you that in review of your student/child immunization record we have noticed that we did not receive all or some of the required immunization records for school/early childhood program entry. This information is required by the Utah Statutory Code 53G-9-302. Therefore, we have placed your student/child on a conditional enrollment status in accordance with Utah Statutory Code 53G-9-308. This means that you have 21 calendar days to bring proof of immunizations, an exemption form, or proof of immunity from diseases that vaccines are required for to the school/early childhood program your student/child attends. Please provide this information to us by ______________. Your student/child is allowed to attend school/early childhood program during the 21-day calendar day conditional enrollment period.

Your child is missing the following immunization(s):
- □ DTaP (D=Diphtheria, Tetanus, and Pertussis)
- □ Tdap
- □ Polio
- □ MMR (Measles, Mumps, Rubella)
- □ Hepatitis A
- □ Hepatitis B
- □ Haemophilus influenzae type b (Hib)
- □ Varicella (chickenpox)
- □ Pneumococcal
- □ Meningococcal Conjugate
- □ No immunization record

Possible places to take your child to receive the missing required immunization(s): his/her healthcare provider, your local health department immunization clinic, or your local pharmacy.

If you want to obtain a vaccination exemption form, you must either complete the on-line Utah exemption module at immunize.utah.gov and print the vaccination exemption form after completion, or visit your local health department to obtain an exemption form for your child. You may have to pay a fee, if you choose to complete the exemption form in person from a local health department. A copy of the exemption form must be presented to the school/early childhood program. For a medical exemption from vaccination, you must present to the school a completed vaccination exemption form and a written notice signed by a licensed healthcare provider stating that due to the physical condition of the student, administration of the vaccine would endanger the student’s life or health.

If your child has immunity against the disease for which the vaccination is required because your child previously contracted the disease, you need to provide the school/daycare a document from a healthcare provider verifying that.

If we don’t receive the above information from you by the date indicated previously, we will be forced to exclude your child from attendance in school/early childhood program under the Utah Statutory Code 53G-9-308.

If you have any questions or concerns, please contact us at (TELEPHONE NUMBER).

Sincerely,

Name
Title (Principal/director/Nurse/secretary designated by the school or early childhood program Principal/director)
Aviso de Matriculación Condicional de 21 Días

Fecha:

Para el individuo legalmente responsable de _________________________________,

El propósito de esta carta es para informarle que al revisar el registro de inmunizaciones de su estudiante/niño hemos notado que no recibimos algunos o todos los registros de inmunización requeridos para que su estudiante/niño pueda ingresar a la escuela/guardería. Esta información es requerida por el Código Estatutario del estado de Utah 53G-9-302. Por lo tanto, hemos colocado a su estudiante/niño en un estado de matriculación condicional de acuerdo con el Código Estatutario 53G-9-308 del estado de Utah. Esto significa que tiene 21 días calendarios para presentar prueba de inmunización, un formulario de exención o prueba de inmunidad contra las enfermedades que son requeridas para que su hijo/a pueda asistir a la escuela/guardería. Por favor proporcione esta información no más tardar del _______________. Su estudiante/niño puede asistir a la escuela/guardería durante el período de 21 días calendarios de matriculación.

A su hijo le faltan las siguientes inmunizaciones:

☐ DTaP (D=Difteria, Tetano y Pertusis)
☐ Tdap
☐ Polio
☐ MMR (Sarampión, Paparas, Rubeola)
☐ Hepatitis A
☐ Hepatitis B
☐ Haemophilus influenzae tipo b (Hib)
☐ Varicela
☐ Pneumococcal
☐ Meningococcal Conjugate
☐ No tiene registro de inmunizaciones

Lugares a donde puede llevar a su hijo para que reciba las inmunizaciones requeridas faltantes: su proveedor de atención médica, su clínica de inmunización del departamento de salud local o su farmacia local.

Si desea obtener un formulario de exención de vacunación, debe completar el módulo de exención en la página web immunize.utah.gov e imprimir el formulario de exención de vacunación después de completarlo el modulo, o visitar su departamento de salud local para obtener un formulario de exención para tu niño. Es posible que tenga que pagar una tarifa si elige completar el formulario de exención en persona en un departamento de salud local. Deberá presentar una copia del formulario de exención a la escuela/guardería. Para una exención médica de vacunación, deberá presentar a la escuela un formulario de exención de vacunación completado y una notificación firmada por un proveedor de servicios de salud con licencia que indique que debido a la condición física del estudiante, la administración de la vacuna puede representar un riesgo para la vida o salud del estudiante.

Si su hijo tiene inmunidad contra la enfermedad para la cual se requiere la vacuna debido a que su hijo contrajo previamente la enfermedad, debe proporcionar a la escuela/guardería un documento emitido por su proveedor de atención médica que así lo certifique.

Si no recibimos la información solicitada en la fecha indicada anteriormente, nos veremos obligados a excluir a su hijo de asistir a la escuela o guardería de acuerdo con el Código Estatutario del estado de Utah 53G-9-308. Si tiene alguna pregunta o inquietud, contáctenos al (NÚMERO DE TELÉFONO).

Sinceramente,

Nombre

Cargo (Director/enfermera/secretaria designada por el director de la escuela o guardería)
The following table is provided as a reference for school and early childhood program personnel, as well as health care professionals who evaluate immunization records. To lessen any confusion, providers documenting current vaccines should use generic names (i.e., DTaP, MMR, Hepatitis B) instead of brand names.

Not every vaccine in this table is required for entry in a Utah school or early childhood program. To verify whether a vaccine is required, see pages 27-29 for the summary of requirements.

Some vaccines listed are not currently in use, but were used in the past. These vaccines are included to assist in evaluating immunization records for compliance.

This list does not include vaccine brands available in other countries. For a complete list of U.S. and Foreign Vaccines, reference the “Epidemiology and Prevention of Vaccine-Preventable Diseases” (Pink Book).
## APPENDIX D – COMMON VACCINE NAMES

<table>
<thead>
<tr>
<th>Vaccine/Combination Vaccine (by Generic Name or Trade Name)</th>
<th>Vaccine Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEL-IMUNE®</td>
<td>Diphtheria/Tetanus/acellular Pertussis</td>
</tr>
<tr>
<td>ActHIB®</td>
<td>Haemophilus influenzae type b</td>
</tr>
<tr>
<td>Adacel®</td>
<td>Tetanus/Diphtheria/acellular Pertussis</td>
</tr>
<tr>
<td>BOOSTRIX®</td>
<td>Tetanus/Diphtheria/acellular Pertussis</td>
</tr>
<tr>
<td>COMVAX®</td>
<td>Hepatitis B/Haemophilus influenzae type b</td>
</tr>
<tr>
<td>DT</td>
<td>Diphtheria/Tetanus</td>
</tr>
<tr>
<td>DTaP</td>
<td>Diphtheria/Tetanus/acellular Pertussis</td>
</tr>
<tr>
<td>DTP</td>
<td>Diphtheria/Tetanus/whole cell Pertussis</td>
</tr>
<tr>
<td>DAPTACEL®</td>
<td>Diphtheria/Tetanus/acellular Pertussis</td>
</tr>
<tr>
<td>Engerix-B®</td>
<td>Hepatitis B</td>
</tr>
<tr>
<td>GARDASIL®</td>
<td>Human Papillomavirus</td>
</tr>
<tr>
<td>HAVRIX®</td>
<td>Hepatitis A</td>
</tr>
<tr>
<td>HibTITER®</td>
<td>Haemophilus influenzae type b</td>
</tr>
<tr>
<td>HPV</td>
<td>Human Papillomavirus</td>
</tr>
<tr>
<td>INFANRIX®</td>
<td>Diphtheria/Tetanus/acellular Pertussis</td>
</tr>
<tr>
<td>IPV / IPOL®</td>
<td>Polio (Inactivated Polio Vaccine)</td>
</tr>
<tr>
<td>KINRIX®</td>
<td>Diphtheria/Tetanus/acellular Pertussis, Inactivated Polio Vaccine</td>
</tr>
<tr>
<td>Menactra®</td>
<td>Meningococcal Conjugate Vaccine (also called MCV4)</td>
</tr>
<tr>
<td>Menomune®</td>
<td>Meningococcal Polysaccharide Vaccine (also called MPSV)</td>
</tr>
<tr>
<td>MR</td>
<td>Measles/Rubella</td>
</tr>
<tr>
<td>MMR</td>
<td>Measles/Mumps/Rubella</td>
</tr>
<tr>
<td>M-M-R II®</td>
<td>Measles/Mumps/Rubella</td>
</tr>
<tr>
<td>OPV / ORIMUNE®</td>
<td>Polio (Oral Polio Vaccine)</td>
</tr>
<tr>
<td>PEDIARIX™</td>
<td>Diphtheria/Tetanus/acellular Pertussis, Hepatitis B, Inactivated Polio</td>
</tr>
<tr>
<td>PedvaxHIB®</td>
<td>Haemophilus influenzae type b</td>
</tr>
<tr>
<td>Pentacel®</td>
<td>Diphtheria/Tetanus/acellular Pertussis, Inactivated Polio, Haemophilus influenzae type b</td>
</tr>
<tr>
<td>Pneumovax®</td>
<td>Pneumococcal Conjugate Vaccine (also called PPV23)</td>
</tr>
<tr>
<td>Prevnar®</td>
<td>Pneumococcal Conjugate Vaccine (also called PCV7)</td>
</tr>
<tr>
<td>ProHIBIT™</td>
<td>Haemophilus influenzae type b (only for children &gt;18 months of age)</td>
</tr>
<tr>
<td>ProQuad®</td>
<td>Measles, Mumps, Rubella, Varicella</td>
</tr>
<tr>
<td>RECOMBIVAX HB®</td>
<td>Hepatitis B</td>
</tr>
<tr>
<td>RotaTeq®</td>
<td>Rotavirus</td>
</tr>
<tr>
<td>ROTARIX®</td>
<td>Rotavirus</td>
</tr>
<tr>
<td>Td</td>
<td>Tetanus/ Diphtheria (for &gt;7 years of age)</td>
</tr>
<tr>
<td>TETRAMUNE®</td>
<td>Diphtheria/Tetanus/whole cell Pertussis/Haemophilus influenzae type b</td>
</tr>
<tr>
<td>TriHIBIT®</td>
<td>Diphtheria/Tetanus/acellular Pertussis/Haemophilus influenzae type b</td>
</tr>
<tr>
<td>Tripedia®</td>
<td>Diphtheria/Tetanus/acellular Pertussis</td>
</tr>
<tr>
<td>TWINRIX®</td>
<td>Hepatitis A/Hepatitis B</td>
</tr>
<tr>
<td>VAQTA®</td>
<td>Hepatitis A</td>
</tr>
<tr>
<td>VARIVAX®</td>
<td>Varicella (Chickenpox)</td>
</tr>
</tbody>
</table>
The following pages are sample forms which the Utah Immunization Program provides.

(1) Sample Exemption Form
(2) Sample Utah School Immunization Record (USIR) card.
Below is a sample of the vaccination exemption form after completion of the online education module. This vaccination exemption form is also provided to parents who receive an in-person consultation at a local department.
Below is a sample of the vaccination exemption form after completion of the online education module. This exemption form is no longer used but schools and early childhood programs must accept it from parents if a parent presents it to them. See the following page for the sample of the most current exemption form.

Below is a sample of the vaccination exemption form completed at a local health department. This exemption form is no longer used but schools and early childhood programs must accept it from parents if a parent presents it to them. See the following page for the most current form.
APPENDIX E – UTAH IMMUNIZATION PROGRAM SAMPLE FORMS

### UTAH SCHOOL IMMUNIZATION RECORD

Student Information

<table>
<thead>
<tr>
<th>Vaccine Information</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>6th</th>
<th>7th</th>
<th>8th</th>
<th>9th</th>
<th>10th</th>
<th>11th</th>
<th>12th</th>
<th>13th</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP, DTP, DTaP</td>
<td></td>
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<tr>
<td>Tdap (given after 7 years of age)</td>
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<td></td>
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<tr>
<td>Polio (IPV or OPV)</td>
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<td></td>
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<td></td>
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<tr>
<td>Haemophilus influenza type b (Hib)</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Pneumococcal</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, and Rubella (MMR)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (HBV)</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Hepatitis A (HAV)</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Student Information

- **Name of Parent/Guardian**
- **Name of Student**
- **Date of Birth**
- **Gender**
  - Male
  - Female
- **School Use Only**
  - Exemption was granted for:
    - Medical reason (Expires on: _______________)
    - Religious belief
    - Personal belief
  - If the medical exemption is temporary, enter date:
  - Proof of immuno-deficiency disease:
  - Family history of disease:
  - Allergies to following antigens:
    - MMR
    - Polio
    - Pneumococcal
    - Haemophilus influenza type b (Hib)
    - DTap
    - Tetanus

### Immunization Record

- If the student has immunity from the required immunizations, healthcare provider statement must be attached to this Record.
- A statewide registry
- A student's former school
- Student's current school

**Signature:**

- Utah Department of Health
- Division of Disease Control & Prevention
- Immunization Program
- www.immunize.utah.gov
- (801) 322-1330

**Date:**

- I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations.
- Authorized Signature:

---

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INSTRUCTIONS: This form must be completed for enrollment in schools and early childhood programs. For detailed information on the required immunizations and minimum intervals between vaccine doses, refer to the Utah Immunization Guidebook at www.immunize-utah.org.

Student Information: Fill in (print or type) student’s name, gender, and date of birth, and name of parent/guardian.

Vaccine Information:

a. The minimum required immunizations for school entry include (see interval table in the Utah Immunization Guidebook for required spacing of doses):
   - 5 doses of DTaP/DT/DTd – 4 doses are acceptable, if the 4th dose was given after the 4th birthday; 3 doses of Td are required, if started after age 7 years. One of the doses in the Td series should be Tdap.
   - Note: Any Tdap vaccine given after 7 years of age should be documented on the Tdap row which may fulfill any of the above requirements.
   - 1 dose of Tdap – a single dose of Tdap vaccine is required for students prior to 7th grade entry. The Tdap vaccine must be given after 7 years of age.
   - 4 doses of Polio – 3 doses are acceptable, if the 3rd dose was given after the 4th birthday.
   - 2 doses of Measles, Mumps, and Rubella – required for all students kindergarten through grade 12. The 1st dose of measles containing vaccine must be given on or after the 1st birthday.
   - 3 doses of Hepatitis B – required for students prior to entering kindergarten. Required for students prior to 7th grade entry.
   - 2 doses of Varicella (chickenpox) – required for students prior to entering kindergarten. Required for students prior to 7th grade entry. The 1st dose must be given on or after the 1st birthday.
   - 2 doses of Hepatitis A – required for students prior to entering kindergarten. The 1st dose of Hepatitis A must be given on or after the 1st birthday.
   - 1 dose of Meningococcal – required for students prior to 7th grade entry. Only Meningococcal vaccine given on or after 10 years of age is acceptable for 7th grade school entry.

b. Children enrolled in Early Childhood Programs must be appropriately immunized for their age for the following diseases:
   - Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus influenzae type b (Hib), Hepatitis A, Hepatitis B, Pneumococcal, and Varicella (chickenpox).

c. Transcribe the month, day, and year of each immunization received by the student into the appropriate box.

Immunization Record Received For This Student: Check the appropriate box. When reviewing the immunization record of a student, ensure that information regarding each required vaccination the student has received, including the date each vaccine was administered, has been verified by a licensed healthcare provider, registered nurse, an authorized representative of a local health department, an authorized representative of the department, or a pharmacist. Written proof is required to verify the student’s immunizations.

The legally responsible individual means a student’s parent, the student’s legal guardian, an adult brother or sister of a student who has no legal guardian, or the student if the student is an adult or is a minor who may consent to treatment under Section 26-10-9.

Authorized Signature: This is the signature of the school or health personnel who verified the Utah School Immunization record (USIR) against the source records.

School and Early Childhood Program Use Only:

1. Exemption: If the student has an exemption, check the box for the type of exemption. If the medical exemption is permanent, enter NA for expiry date. If the medical exemption is temporary, enter expiration date.
   - Exemption Procedures:
     - Students claiming an exemption to the required vaccinations must have their legally responsible individual complete an online educational module at www.immunize-utah.org, or in-person consultation at a local health department. A copy must be presented to the school or child care official. Completion of the online educational module or in-person consultation at a local health department must be completed for all types of exemptions. School or child care program must attach the copy to this record.
     - Medical Exemption: For a medical exemption from required immunizations, the legally responsible individual of the student must provide to the school a completed vaccination exemption form and a written notice signed by a licensed healthcare provider stating that due to the physical condition of the student, administration of the vaccine would endanger the student’s life or health. The statement should also indicate whether the exemption is temporary (indicate the expiration date) or permanent.

2. Proof of Immunity (history of disease): If the student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease, the student must submit a document signed by a healthcare provider to the school as proof of immunity. If the student has past history of disease of any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen. The document must be attached to this Record.

Maintaining a List of Students’ Immunization Status: Utah School Immunization Law requires schools and child care facilities to maintain a current list of all enrolled students, including:
   - 1) students who have a valid and complete immunization record,
   - 2) students who are exempt from receiving the required vaccines,
   - 3) students who are allowed to attend school under conditional enrollment status.
Educational institutions and childcare facilities are potential high-risk areas for transmission of vaccine-preventable diseases. While immunization is an important health requirement for students in Utah schools and childcare facilities, it is equally important for staff in these settings to be protected against vaccine-preventable diseases. Employee immunization can decrease the number of days teachers, staff and students miss due to illness. Absence due to sickness causes disruption in class schedules resulting in missed educational learning opportunities. Most importantly, teachers, staff and students who come to school sick can spread disease, suffer pain, and discomfort. Additionally, vaccine-preventable disease outbreaks in school and childcare settings can result in enormous costs for staff, students, parents, employers and public health.

The Utah Department of Health recommends that prior to employment in Utah schools and licensed childcare facilities, all full- and part-time employees, including teachers, substitute teachers, student teachers, and staff, show proof of vaccination against: Measles, Mumps, Rubella, Hepatitis B, Tetanus, Diphtheria, Pertussis, Influenza, Varicella, and Hepatitis A. This recommendation is in accordance with the recommendations of the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP).

*School districts and childcare facilities are encouraged to keep employee vaccination records on file.

<table>
<thead>
<tr>
<th>Recommended Immunizations For Teachers and Childcare Staff¹</th>
<th>Persons Born Before 1957</th>
<th>Persons Born In or After 1957</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR² (Measles, Mumps, Rubella)</td>
<td>1 dose for women of childbearing age and for all adults not born in the U.S.</td>
<td>2 doses of MMR, at least 1 month apart</td>
</tr>
<tr>
<td>Varicella (Chickenpox)³</td>
<td>2 doses</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>2 doses</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>2 or 3 doses depending on the brand</td>
<td></td>
</tr>
<tr>
<td>Td/Tdap⁴ (Tetanus, Diphtheria, Pertussis [Whooping Cough])</td>
<td>1 dose of Tdap, thenTd or Tdap booster every 10 years</td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>Annual influenza vaccine is recommended for everyone 6 months of age and older</td>
<td></td>
</tr>
</tbody>
</table>

¹ All full- and part-time teachers, student teachers, substitute teachers and staff.
² Proof of immunity to Measles, Mumps and Rubella is recommended for staff of licensed group and family childcare centers. MMR vaccine is recommended for teachers and staff in other school settings.
³ Varicella vaccine is recommended for those who do not have documentation of age-appropriate immunization, a reliable history of varicella disease (physician diagnosis or personal recall) or serologic evidence of immunity.
⁴ All adults should receive a single dose of Tdap, especially those who have close contact with infants less than 12 months of age (e.g., childcare staff). There is no minimum interval between Tdap and a previous dose of Td.

*The Utah Statewide Immunization Information System (USIIS) is a statewide information immunization system that contains immunization histories for Utah residents of all ages. Many school districts and childcare facilities are enrolled in USIIS. Employers can input and maintain their staff immunization status through USIIS. For more information on how to enroll in USIIS, please contact the Utah Immunization Program at 801-538-9450.

February 2020
A NOTE ON VACCINES FROM YOUR CHILDCARE PROVIDER, PEDIATRICIANS, AND THE UTAH DEPARTMENT OF HEALTH

We value the health and safety of your children. As a state-licensed childcare program, we support and must adhere to state immunization requirements for all children enrolled in our program to ensure their health and safety. It is critical for children attending childcare to receive all recommended vaccines to protect themselves and the other children in our program who are too young to be fully immunized.

Why immunizations are so important for children in childcare settings

- Children younger than five years of age are especially at risk for getting infections because their immune systems have not yet built up the defenses to fight infection. Immunizations help children build up these defenses.
- Many childcare programs include children less than one year of age. These children are at highest risk for getting vaccine-preventable infections because they are still receiving important immunizations. For example, children aren’t fully protected against pertussis (whooping cough) until they are six months old. If infants less than six months of age are exposed to someone with whooping cough, they are at high risk for becoming infected and having serious illness or even death.

Rules and recommendations

- Utah requires your childcare provider to have written proof of each child’s vaccines. A parent may get an exemption for their child to not be vaccinated. Your childcare provider must also have written proof (a legally valid exemption form) for all exemptions.
- Disease outbreaks sometimes occur in childcare programs. If there is even one case of a vaccine-preventable disease at your child’s child care program, children for which the facility does not have written proof of the child’s up-to-date status will be excluded from childcare until the child is vaccinated or risk of the disease has passed (sometimes up to 21 days).

Vaccine safety and effectiveness

- All vaccines undergo long and careful review.
- Vaccines do not cause autism. Many independent studies have convincingly shown that there is no link between autism and vaccines.
- No vaccine, or any medication or treatment, is completely risk-free. Common side effects (tenderness and redness) are mild, but serious side effects (such as allergic reactions) are very rare.
- When parents choose not to vaccinate their child, they are trading the small risk of side effects from the vaccine for the risk of getting a vaccine-preventable disease. Vaccines keep disease away; when we stop giving them, diseases that can be prevented by vaccines return.
- While some diseases, like measles are not common in Utah, they are only a plane ride away.

More information

- Free or low-cost vaccines are available for those who qualify through the Utah Vaccines for Children (VFC) Program https://immunize.utah.gov/vaccines-for-children-program/
- For more information on vaccines and the diseases they prevent, contact your healthcare provider or the Utah Immunization Program at 1-800-275-0659 or visit immunize.utah.gov.

02/2020
How do I fill out the Utah School Immunization Record (USIR)?

Did you know...?

The appropriate nickname is “USIR”.
The official Utah School Immunization Record started on pink paper giving it the nickname “Pink Card”. USIR however is the appropriate term to use as this form is not required to be pink.
To print out blank forms go to http://www.immunize.utah.gov/order-educational-materials/. To print out auto filled forms (available to USIIS users) go to apps.usiis.org and click on USIIS Immunize. For early childhood programs there are a limited supply of cardstock forms available which may be ordered through our website.

All childcare & school student files must have a USIR.
Every Utah early childhood program and school student file MUST have a USIR (on site) per UT Admin Code R396-100-4 with all fields completed (see below). If the USIR is kept in an electronic form, it must be up-to-date with the most current immunization information, include any required documents.

A list of students’ immunization statuses must be kept.
You must maintain a current list of all enrolled students’ immunization statuses including students conditionally enrolled, extended conditionally enrolled, out of compliance, with a history of disease, and students who are exempt from receiving the required vaccines per UT Admin Code R396-100-4 (3a).

Ensure every field on the USIR is completely filled out.

1. Student Information: Every USIR needs to have the student’s name, gender, date of birth, and name of a parent/guardian to be considered a complete record. Write in any information that is missing.

2. Vaccine Information: All required immunizations must be included on the USIR. If there are missing doses on the USIR, but proof of the shots in the student’s file, their USIR will be considered noncompliant for documentation. The USIR is the official school record. Immunization histories, yellow cards, and other doctor forms are supportive documents.

3. Exemptions: The completion of the online immunization education module at immunize.utah.gov or an in-person consultation at a local health department must be done for ALL types of exemptions. Every school and early childhood program must mark if a student has claimed an exemption and have the exemption form attached to the USIR. If a medical exemption is temporary, enter the expiration date.

4. Proof of Immunity: A claim that a child has immunity against a disease which requires vaccination due to previously contracting the disease, requires a document signed by a health care provider and attached to the USIR. For more specifics on both exemptions and proof of immunity refer to the reverse side of the USIR.

5. Record Source, Signature & Date: Every USIR needs to be signed and dated. This is the signature of a school personnel or health personnel who verified the USIR against the record source. Indicate whether the immunization record information was obtained from a statewide registry (e.g., Utah Statewide Immunization Information System [USIIS]), the student’s former school, and/or the legally responsible individual of the student such as a parents. A USIR without a signature, date, and record source is considered an incomplete record.

6. USIR Version: The USIR is periodically updated. At enrollment each student in Kindergarten and 7th grade or any existing student that receives a required vaccine not on their older USIR version must have the most current USIR version per Utah Immunization Guidebook (p. 48). The latest version can be found on the Utah Immunization Program website at https://immunize.utah.gov/order-educational-materials/. Auto filled forms from USIIS (available to USIIS users) will be the most current version.

For more information, visit immunize.utah.gov or call 801-538-9450.