

**School Immunization Requirement FAQs  
Indiana State Department of Health (ISDH)  
2010-2011 School Year**

**1. Are there any additions to required immunizations for the 2010-2011 school year?**

**Yes.** In addition to the previously required immunizations:  
Students entering preschool or kindergarten must now have 2 appropriately documented varicella vaccines, separated by at least 3 months, or physician documentation of disease history, or laboratory evidence of immunity.

Students entering grades 6 – 12 must have appropriate documentation of the following vaccinations: Tetanus, diphtheria, acellular pertussis vaccine (Tdap); meningococcal conjugate vaccine (MCV4 – Menactra); 2 varicella vaccinations appropriately spaced per CDC guidelines, or documentation of disease history, or laboratory evidence of immunity.

**2. Are immunizations required for all children enrolled in school?**

**Yes.** Students in all grades are required to meet the minimum immunization requirements as described on the document “MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY 2010-2011.” Immunization requirements extend to children ages 3 through 5 attending special education programs, child care, or preschool within the school.

**3. What information must be included on the physician’s statement to document immunization?**

The statement must include the student’s name and date of birth, the vaccine given and date (month/day/year) of each immunization, and the signature of a medical provider.

**4. What is considered adequate documentation of an immunization history?**

Adequate documentation is as follows: a physician’s written documentation, an immunization record from another school corporation, or an immunization record in the Indiana Immunization Registry (CHIRP) or printed record from another state registry. This documentation must include the month, day, and year each dose of vaccine was administered.

**5. What is “laboratory evidence of immunity”?**

Laboratory evidence of immunity is a blood test for disease-specific immune globulin that measures immunity to disease. This is often used to confirm immunity when immunization records are not available, or a parent reports a history of disease.

**6. Who should interpret lab results for evidence of immunity?**

Laboratory results for evidence of disease immunity must be ordered by a physician. The ordering physician is responsible for interpreting the results and determining adequate evidence of immunity based on current medical guidelines.

**7. Is lab evidence of immunity acceptable for ALL school required immunizations?**

**No. Lab evidence is NOT acceptable for Diphtheria, Pertussis, or Tetanus.**

Laboratory evidence of immunity may be used in place of immunization requirements for the following school required immunizations:

Measles	Mumps	Rubella
Chickenpox	Hepatitis B	Polio

**8. Do schools provide summary reports to ISDH on the immunization status of students in all grades?**

While all students enrolled in school are required to be up-to-date on all required immunizations, schools only provide summary data to ISDH on students enrolled in kindergarten, first, and sixth grades at this time.

**9. If a child has an exemption on file, may he/she be counted as complete?**

**No.** If a child has an exemption on file for any immunization, he/she must be reported under “Exemptions”.

**10. Do schools need to report immunization data for all 6<sup>th</sup> grade immunizations?**

**Yes,** including varicella and Hepatitis B, MCV4, and Tdap.

**11. What is the deadline for reporting school immunization data?**

The deadline for reporting school immunization data is November 1<sup>st</sup>.

**12. Why does the Quick Reference Guide indicate immunization requirements for all grades if we only need to report kindergarten, first, and sixth grades?**

While reporting is only required for kindergarten, first, and sixth grades, schools are required by law (IC 20-34-4-2) to ensure that all students have received all immunizations required by the Indiana State Department of Health.

**13. Does the Indiana State Department of Health determine if a child is excluded from school for incomplete immunizations?**

**No.** School exclusion is determined by the school according to IC 20-34-4-5.

**14. What immunization education materials must be provided to the parents of enrolled students?**

Meningococcal disease—all grades;  
Human Papillomavirus (HPV) Infection—6<sup>th</sup> grade girls.

**15. Are schools required to collect the response form included with the Human Papillomavirus (HPV) Infection educational materials?**

**Yes.** Schools are required to collect HPV response forms from parents of sixth grade girls. However, forms should not include the student's name and should not be returned to ISDH. Schools will complete a summary report of responses received from HPV forms and submit the report to ISDH along with the other immunization reports.

**16. Are schools required to send parents information about Pertussis and the Tdap vaccine?**

**No.** Indiana State Department of Health recommends that schools send this information home to parents, however it is not required.

**17. What is the four-day grace period and when can it be used?**

CDC and ACIP allow a 4-day grace period. If a vaccine is given up to 4 days before the minimum recommended age for administration of the vaccine, it can be counted as valid. However, this does not change the recommended schedule for routine vaccine administration.

**18. What is the minimum age for MMR vaccine to be counted as a valid dose?**

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

**19. When are 4 doses of Polio vaccine required?**

Four doses of polio are considered a complete series, with the fourth dose administered on or after the 4<sup>th</sup> birthday. Three doses are acceptable if the third dose was given on or after the 4<sup>th</sup> birthday and only one type of vaccine was used (all OPV or all IPV).

**20. What are the minimum intervals for Hepatitis B vaccine?**

The minimum intervals between vaccine doses are:

Dose 1 and 2 is 4 weeks (28 days)

Dose 2 and 3 is 8 weeks (56 days)

Dose 1 and 3 is 16 weeks (112 days)

Note: The minimum age for the 3<sup>rd</sup> dose of Hepatitis B vaccine is 24 weeks (164 days).

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

**No.** The hepatitis B series should never be restarted or additional doses given due to an extended interval between doses. The student should just complete the series with the remaining dose(s) due.

**22. Is a second dose of varicella vaccine required?**

A second dose is required for students entering preschool, kindergarten, and 6<sup>th</sup> – 12<sup>th</sup> grades for 2010-2011.

**23. Is a doctor's statement required as proof of chickenpox disease?**

a. For children entering preschool, kindergarten, and 1<sup>st</sup> grades, a signed statement by a health care provider, including date of disease, is required to document history of chickenpox disease.

- b. For children entering grades 2-12, documentation from a parent is sufficient. A written statement should include date of disease, a parent's signature, and date of signature. (Example: If a parent cannot recall exact dates, something as simple as stating that disease occurred in the spring of 2000 is acceptable.)

**24. May a chiropractor give a medical exemption for vaccination?**

**No.** Only a licensed physician (M.D. or D.O.) can provide a medical exemption. A nurse practitioner or a physician's assistant under a physician's supervision can also give a medical exemption.

**25. What must a medical exemption contain?**

A medical exemption is a physician's certification that a particular immunization is **detrimental** to the child's health. It must state in writing that the child has a medical contraindication to receiving a vaccine and must be resubmitted to the school each year. As true medical contraindications to immunization are vaccine-specific, medical exemptions must be written for each vaccine that is contraindicated.

**26. What must a religious objection contain?**

A religious objection must state that the objection to immunization is based on religious grounds. Each objected immunization must be specified. The objection must be in writing, signed by the child's parent, and delivered to the school. There is no requirement of proof. The written religious objection must be resubmitted to the school each year.

**27. Is there a philosophical objection allowed in Indiana?**

**No.** Indiana law only allows religious and medical exemptions.

**28. If a child does not present an immunization record or is not up to date with his/her immunizations, may he/she enroll in school?**

**Yes.** Indiana Code (IC 20-34-4-5) states that a child is **not permitted to attend** school beyond the first day without furnishing a written record, unless:

The school gives a waiver (for a period not to exceed 20 days); or

The local health department or a physician determines that the child's immunizations have been delayed due to extreme circumstances and that the required immunizations will not be completed by the first day of school. The parent must furnish a written statement and a time schedule approved by a physician or health department; or

A medical or religious exemption is on file.

**For additional questions, please call the Indiana State Department of Health Immunization Program at (800) 701-0704.**

**Indiana State Department of Health**  
**MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY\***  
**2010-2011**

Grade	Minimum Immunization Requirements
<b>Pre-Kindergarten</b>	<ul style="list-style-type: none"> <li>• 4 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), pediatric diphtheria-tetanus vaccine (DT), or any combination of the three are required.</li> <li>• 3 doses of either oral polio (OPV) or inactivated polio (IPV) vaccine in any combination.</li> <li>• 3 doses of Hepatitis B vaccine (3<sup>rd</sup> dose must be on or after 24 weeks of age).</li> <li>• 1 dose of measles (rubeola) vaccine on or after the first birthday.</li> <li>• 1 dose of mumps vaccine on or after the first birthday.</li> <li>• 1 dose of rubella (German measles) vaccine on or after the first birthday.</li> <li>• <b>2 doses of varicella (chickenpox) vaccine on or after the first birthday and separated by 3 months or physician written documentation of history of chickenpox disease, including month and year of disease.</b></li> </ul>
<b>Kindergarten</b>	<ul style="list-style-type: none"> <li>• 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4<sup>th</sup> dose was administered on or after the 4<sup>th</sup> birthday and at least 6 months after the 3<sup>rd</sup> dose).</li> <li>• 4 doses of any combination of IPV or OPV. <b>The 4<sup>th</sup> dose must be administered on or after the 4<sup>th</sup> birthday, and at least 6 months after the previous dose.</b> (3 doses of all OPV or all IPV are acceptable if the 3<sup>rd</sup> dose was administered on or after the 4<sup>th</sup> birthday, and at least 6 months after the 2<sup>nd</sup> dose).</li> <li>• 3 doses of Hepatitis B vaccine (3<sup>rd</sup> dose must be given on or after 24 weeks of age and no earlier than 16 weeks after the 1<sup>st</sup> dose).</li> <li>• 2 doses of measles (rubeola) vaccine on or after the first birthday.</li> <li>• 2 doses of mumps vaccine on or after the first birthday.</li> <li>• 1 dose of rubella (German measles) vaccine on or after the first birthday.</li> <li>• <b>2 doses of varicella (chickenpox) vaccine on or after the first birthday and separated by 3 months or physician written documentation of history of chickenpox disease, including month and year of disease.</b></li> </ul>
<b>Grade 1</b>	<ul style="list-style-type: none"> <li>• 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4<sup>th</sup> dose was administered on or after the 4<sup>th</sup> birthday and at least 6 months after the 3<sup>rd</sup> dose).</li> <li>• 4 doses of any combination of IPV or OPV by age 4-6 (3 doses of all OPV or all IPV are acceptable if the 3<sup>rd</sup> dose was administered on or after the 4<sup>th</sup> birthday).</li> <li>• 3 doses of Hepatitis B vaccine (3<sup>rd</sup> dose must be on or after 24 weeks of age).</li> <li>• 2 doses of measles (rubeola) vaccine on or after the first birthday.</li> <li>• 2 doses of mumps vaccine on or after the first birthday.</li> <li>• 1 dose of rubella (German measles) vaccine on or after the first birthday.</li> <li>• 1 dose of varicella (chickenpox) vaccine on or after the first birthday <b>or physician written documentation of history of chickenpox disease, including month and year of disease.</b></li> </ul>

**Indiana State Department of Health**  
**MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY\***  
**2010-2011**

Grade	Minimum Immunization Requirements
<b>Grades 2-5</b>	<ul style="list-style-type: none"> <li>• 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4th dose was administered on or after the 4<sup>th</sup> birthday and at least 6 months after the 3<sup>rd</sup> dose).</li> <li>• 4 doses of any combination of IPV or OPV by age 4-6 (3 doses of all OPV or all IPV are acceptable if the 3<sup>rd</sup> dose was administered on or after the 4<sup>th</sup> birthday).</li> <li>• 3 doses of Hepatitis B vaccine (3<sup>rd</sup> dose must be on or after 24 weeks of age).</li> <li>• 2 doses of measles (rubeola) vaccine on or after the first birthday.</li> <li>• 2 doses of mumps vaccine on or after the first birthday.</li> <li>• 1 dose of rubella (German measles) vaccine on or after the first birthday.</li> <li>• 1 dose of varicella (chickenpox) vaccine on or after the first birthday <i>or</i> written history of disease. Parental history of chickenpox disease is acceptable proof of immunity. A signed written statement from the parent/guardian indicating month and year of disease is sufficient.</li> </ul>
<b>Grades 6-12</b>	<ul style="list-style-type: none"> <li>• 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4th dose was administered on or after the 4<sup>th</sup> birthday and at least 6 months after the 3<sup>rd</sup> dose).</li> <li>• 4 doses of any combination of IPV or OPV by age 4-6 (3 doses of all OPV or all IPV are acceptable if the 3<sup>rd</sup> dose was administered on or after the 4<sup>th</sup> birthday).</li> <li>• 3 doses of Hepatitis B vaccine (3<sup>rd</sup> dose must be on or after 24 weeks of age).</li> <li>• 2 doses of measles (rubeola) vaccine on or after the first birthday.</li> <li>• 2 doses of mumps vaccine on or after the first birthday.</li> <li>• 1 doses of rubella (German measles) vaccine on or after the first birthday.</li> <li>• <b>2 doses of varicella (chickenpox) vaccine on or after the first birthday separated by age-appropriate interval <i>or</i> written history of disease. Parental history of chickenpox disease is acceptable proof of immunity. A signed written statement from the parent/guardian indicating month and year of disease is sufficient.</b></li> <li>• <b>1 dose of tetanus-diphtheria-acellular pertussis vaccine (Tdap) given on or after 10 years of age.</b></li> <li>• <b>1 dose of meningococcal conjugate vaccine (MCV4).</b></li> </ul>

\*For children who have delayed immunizations, please refer to the 2010 CDC “Catch-up Immunization Schedule” to determine adequately immunizing doses. All minimum intervals and ages for each vaccination as specified per 2010 CDC guidelines must be met for a dose to be valid. These guidelines can be found at [www.cdc.gov/vaccines/recs/schedules/default.htm](http://www.cdc.gov/vaccines/recs/schedules/default.htm)

**2010-2011 School Year  
Indiana State Department of Health (ISDH)  
School Immunization Requirements  
Quick Reference Guide<sup>^</sup>**

	3-5 Year Olds	K	1	2	3	4	5	6	7	8	9	10	11	12
<b>DTaP/DTP/DT/Td*</b>	4	5	5	5	5	5	5	5	5	5	5	5	5	5
<b>Polio**</b>	3	4***	4	4	4	4	4	4	4	4	4	4	4	4
<b>Measles</b>	1	2	2	2	2	2	2	2	2	2	2	2	2	2
<b>Mumps</b>	1	2	2	2	2	2	2	2	2	2	2	2	2	2
<b>Rubella</b>	1	1	1	1	1	1	1	1	1	1	1	1	1	1
<b>Hepatitis B~</b>	3	3	3	3	3	3	3	3	3	3	3	3	3	3
<b>Varicella ∞</b>	2	2	1	1	1	1	1	2	2	2	2	2	2	2
<b>Tdap</b>	-	-	-	-	-	-	-	1	1	1	1	1	1	1
<b>MCV4</b>	-	-	-	-	-	-	-	1	1	1	1	1	1	1

<sup>^</sup> ***Shaded areas represent grades for which immunization reports are required to be submitted to the Indiana State Department of Health.***

For children who have delayed immunizations, please refer to the 2010 CDC "Catch-up Immunization Schedule" to determine adequately immunizing doses. All minimum intervals and ages for each vaccination as specified per 2010 CDC guidelines must be met for a dose to be valid. A copy of these guidelines can be found at [www.cdc.gov/vaccines/recs/schedules/default.htm](http://www.cdc.gov/vaccines/recs/schedules/default.htm).

\*Four doses of DTaP/DTP/DT are acceptable if 4<sup>th</sup> dose was administered on or after child's fourth birthday.

\*\*Three doses of polio vaccine are acceptable if 3<sup>rd</sup> dose was administered on or after child's fourth birthday and the doses are all IPV or all OPV.

\*\*\*The 4<sup>th</sup> dose of polio vaccine must be administered on or after child's fourth birthday. This applies only to kindergarten for 2010-2011.

~ Two dose alternative adolescent schedule (Recombivax HB given at age 11-15 years x 2 doses) is acceptable if properly documented.

∞ Physician documentation of disease history, including month and year, is proof of immunity for preschool, kindergarten and 1<sup>st</sup> grade-students. A signed statement from the parent/guardian indicating history of disease, including month and year is required for children in grades 2-12.

**Required educational materials to be distributed:**

- Grades 1-12: Meningococcal Parent Letter with Meningococcal Fact Sheet
- 6<sup>th</sup> Grade (*Parents of 6<sup>th</sup> grade girls*): HPV letter/response form and FAQ sheet. Completed response forms should be returned to the school. The school will supply a summary of responses to ISDH.

**Recommended educational materials to be distributed:**

- Grades 6-12: Pertussis Parent Letter with Pertussis Fact Sheet

# MENINGOCOCCAL VACCINES

## WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis).

### 1 What is meningococcal disease?

Meningococcal disease is a serious bacterial illness. It is a leading cause of **bacterial meningitis** in children 2 through 18 years old in the United States. Meningitis is an infection of the fluid surrounding the brain and spinal cord.

Meningococcal disease also causes blood infections.

About 1,000 - 2,600 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who survive, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people with certain medical conditions, such as lack of a spleen. College freshmen who live in dormitories, and teenagers 15-19 have an increased risk of getting meningococcal disease.

Meningococcal infections can be treated with drugs such as penicillin. Still, about 1 out of every ten people who get the disease dies from it, and many others are affected for life. This is why *preventing* the disease through use of meningococcal vaccine is important for people at highest risk.

### 2 Meningococcal vaccine

There are two kinds of meningococcal vaccine in the U.S.:

- **Meningococcal conjugate vaccine (MCV4)** was licensed in 2005. It is the preferred vaccine for people 2 through 55 years of age.
- **Meningococcal polysaccharide vaccine (MPSV4)** has been available since the 1970s. It may be used if MCV4 is not available, and is the only meningococcal vaccine licensed for people older than 55.

Both vaccines can prevent **4 types** of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. Meningococcal vaccines cannot prevent all types of the disease. But they do protect many people who might become sick if they didn't get the vaccine.

Both vaccines work well, and protect about 90% of people who get them. MCV4 is expected to give better, longer-lasting protection.

MCV4 should also be better at preventing the disease from spreading from person to person.

### 3 Who should get meningococcal vaccine and when?

A dose of MCV4 is recommended for children and adolescents 11 through 18 years of age.

This dose is normally given during the routine pre-adolescent immunization visit (at 11-12 years). But those who did not get the vaccine during this visit should get it at the earliest opportunity.

Meningococcal vaccine is also recommended for other people at increased risk for meningococcal disease:

- College freshmen living in dormitories.
- Microbiologists who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has terminal complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

MCV4 is the preferred vaccine for people 2 through 55 years of age in these risk groups. MPSV4 can be used if MCV4 is not available and for adults over 55.

#### How Many Doses?

People 2 years of age and older should get 1 dose. Sometimes a second dose is recommended for people who remain at high risk. Ask your provider.

MPSV4 may be recommended for children 3 months to 2 years of age under special circumstances. These children should get 2 doses, 3 months apart.

## 4

### Some people should not get meningococcal vaccine or should wait

- Anyone who has ever had a severe (life-threatening) **allergic reaction to a previous dose** of either meningococcal vaccine should not get another dose.
- Anyone who has a severe (life threatening) **allergy to any vaccine component** should not get the vaccine. Tell your provider if you have any severe allergies.
- Anyone who is **moderately or severely ill** at the time the shot is scheduled should probably wait until they recover. Ask your provider. People with a **mild illness** can usually get the vaccine.
- Anyone who has ever had **Guillain-Barré Syndrome** should talk with their provider before getting MCV4.
- Meningococcal vaccines may be given to pregnant women. However, MCV4 is a new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed.
- Meningococcal vaccines may be given at the same time as other vaccines.

## 5

### What are the risks from meningococcal vaccines?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

#### Mild problems

As many as half the people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given.

If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.

A small percentage of people who receive the vaccine develop a fever.

#### Severe problems

- Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.
- A serious nervous system disorder called **Guillain-Barré Syndrome** (or GBS) has been reported among some people who received MCV4. This happens so rarely that it is currently not possible to tell if the vaccine might be a factor. Even if it is, the risk is very small.

## 6

### What if there is a moderate or severe reaction?

#### What should I look for?

- Any unusual condition, such as a high fever, weakness, or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

#### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.  
Or you can file this report through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS does not provide medical advice.*

## 7

### The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has had a rare serious reaction to a vaccine.

For information about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## 8

### How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)**
  - Visit CDC's National Immunization Program website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)
  - Visit CDC's meningococcal disease website at [www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal\\_g.htm](http://www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm)
  - Visit CDC's Travelers' Health website at [wwwn.cdc.gov/travel](http://wwwn.cdc.gov/travel)



<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf>

# TETANUS, DIPHTHERIA (Td) or TETANUS, DIPHTHERIA, PERTUSSIS (Tdap) **VACCINE**

## WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis).

### 1 Why get vaccinated?

Children 6 years of age and younger are routinely vaccinated against tetanus, diphtheria and pertussis. But older children, adolescents, and adults need protection from these diseases too. Td (Tetanus, Diphtheria) and Tdap (Tetanus, Diphtheria, Pertussis) vaccines provide that protection.

**TETANUS (Lockjaw)** causes painful muscle spasms, usually all over the body.

- It can lead to tightening of the jaw muscles so the victim cannot open his mouth or swallow. Tetanus kills about 1 out of 5 people who are infected.

**DIPHTHERIA** causes a thick covering in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and even death.

**PERTUSSIS (Whooping Cough)** causes severe coughing spells, vomiting, and disturbed sleep.

- It can lead to weight loss, incontinence, rib fractures and passing out from violent coughing. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, including pneumonia.

These three diseases are all caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts, scratches, or wounds.

The United States averaged more than 1,300 cases of tetanus and 175,000 cases of diphtheria each year before vaccines. Since vaccines have been available, tetanus cases have fallen by over 96% and diphtheria cases by over 99.9%.

Before 2005, only children younger than 7 years of age could get pertussis vaccine. In 2004 there were more than 8,000 cases of pertussis in the U.S. among adolescents and more than 7,000 cases among adults.

### 2 Td and Tdap vaccines

- Td vaccine has been used for many years. It protects against tetanus and diphtheria.
- Tdap was licensed in 2005. It is the first vaccine for adolescents and adults that protects against all three diseases.

Note: At this time, Tdap is licensed for only one lifetime dose per person. Td is given every 10 years, and more often if needed.

These vaccines can be used in three ways: 1) as catch-up for people who did not get all their doses of DTaP or DTP when they were children, 2) as a booster dose every 10 years, and 3) for protection against tetanus infection after a wound.

### 3 Which vaccine, and when?

#### Routine: Adolescents 11 through 18

- A dose of Tdap is recommended for adolescents who got DTaP or DTP as children and have not yet gotten a booster dose of Td. The preferred age is 11-12.
- Adolescents who have already gotten a booster dose of Td are encouraged to get a dose of Tdap as well, for protection against pertussis. Waiting at least 5 years between Td and Tdap is encouraged, but not required.
- Adolescents who did not get all their scheduled doses of DTaP or DTP as children should complete the series using a combination of Td and Tdap.

#### Routine: Adults 19 and Older

- All adults should get a booster dose of Td every 10 years. Adults under 65 who have never gotten Tdap should substitute it for the next booster dose.
- Adults under 65 who expect to have close contact with an infant younger than 12 months of age (including women who may become pregnant) should get a dose of Tdap. Waiting at least 2 years since the last dose of Td is suggested, but not required.
- Healthcare workers under 65 who have direct patient contact in hospitals or clinics should get a dose of Tdap. A 2-year interval since the last Td is suggested, but not required.

New mothers who have never gotten Tdap should get a dose as soon as possible after delivery. If vaccination is needed *during* pregnancy, Td is usually preferred over Tdap.

#### Protection After a Wound

A person who gets a severe cut or burn might need a dose of Td or Tdap to prevent tetanus infection. Tdap may be used for people who have never had a dose. But Td should be used if Tdap is not available, or for:

- anybody who has already had a dose of Tdap,
- children 7 through 9 years of age, or
- adults 65 and older.

Tdap and Td may be given at the same time as other vaccines.

### 4 Some people should not be vaccinated or should wait

- Anyone who has had a life-threatening allergic reaction after a dose of DTP, DTaP, DT, or Td should not get Td or Tdap.
- Anyone who has a severe allergy to any component of a vaccine should not get that vaccine. Tell your provider if the person getting the vaccine has any severe allergies.

- Anyone who had a coma, or long or multiple seizures within 7 days after a dose of DTP or DTaP should not get Tdap, unless a cause other than the vaccine was found (these people *can* get Td).
- Talk to your provider if the person getting either vaccine:
  - has epilepsy or another nervous system problem,
  - had severe swelling or severe pain after a previous dose of DTP, DTaP, DT, Td, or Tdap vaccine, or
  - has had Guillain Barré Syndrome (GBS).

Anyone who has a moderate or severe illness on the day the shot is scheduled should usually wait until they recover before getting Tdap or Td vaccine. A person with a mild illness or low fever can usually be vaccinated.

## 5 What are the risks from Tdap and Td vaccines?

With a vaccine (as with any medicine) there is always a small risk of a life-threatening allergic reaction or other serious problem.

Getting tetanus, diphtheria or pertussis would be much more likely to lead to severe problems than getting either vaccine.

Problems reported after Td and Tdap vaccines are listed below.

### Mild Problems

(Noticeable, but did not interfere with activities)

#### Tdap

- Pain (about 3 in 4 adolescents and 2 in 3 adults)
- Redness or swelling (about 1 in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents and 1 in 100 adults)
- Headache (about 4 in 10 adolescents and 3 in 10 adults)
- Tiredness (about 1 in 3 adolescents and 1 in 4 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents and 1 in 10 adults)
- Chills, body aches, sore joints, rash, swollen glands (uncommon)

#### Td

- Pain (up to about 8 in 10)
- Redness or swelling (up to about 1 in 3)
- Mild fever (up to about 1 in 15)
- Headache or tiredness (uncommon)

### Moderate Problems

(Interfered with activities, but did not require medical attention)

#### Tdap

- Pain at the injection site (about 1 in 20 adolescents and 1 in 100 adults)
- Redness or swelling (up to about 1 in 16 adolescents and 1 in 25 adults)
- Fever over 102°F (about 1 in 100 adolescents and 1 in 250 adults)
- Headache (1 in 300)
- Nausea, vomiting, diarrhea, stomach ache (up to 3 in 100 adolescents and 1 in 100 adults)

#### Td

- Fever over 102°F (rare)

### Tdap or Td

- Extensive swelling of the arm where the shot was given (up to about 3 in 100).

### Severe Problems

(Unable to perform usual activities; required medical attention)

#### Tdap

- Two adults had nervous system problems after getting the vaccine during clinical trials. These may or may not have been caused by the vaccine. These problems went away on their own and did not cause any permanent harm.

#### Tdap or Td

- Swelling, severe pain, and redness in the arm where the shot was given (rare).

A severe allergic reaction could occur after any vaccine. They are estimated to occur less than once in a million doses.

## 6 What if there is a severe reaction?

### What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell the doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

VAERS does not provide medical advice.

## 7 The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## 8 How can I learn more?

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION

# CHICKENPOX VACCINE

## WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis).

### 1 Why get vaccinated?

Chickenpox (also called varicella) is a common childhood disease. It is usually mild, but it can be serious, especially in young infants and adults.

- It causes a rash, itching, fever, and tiredness.
- It can lead to severe skin infection, scars, pneumonia, brain damage, or death.
- The chickenpox virus can be spread from person to person through the air, or by contact with fluid from chickenpox blisters.
- A person who has had chickenpox can get a painful rash called shingles years later.
- Before the vaccine, about 11,000 people were hospitalized for chickenpox each year in the United States.
- Before the vaccine, about 100 people died each year as a result of chickenpox in the United States.

Chickenpox vaccine can prevent chickenpox.

Most people who get chickenpox vaccine will not get chickenpox. But if someone who has been vaccinated does get chickenpox, it is usually very mild. They will have fewer blisters, are less likely to have a fever, and will recover faster.

### 2 Who should get chickenpox vaccine and when?

#### Routine

Children who have never had chickenpox should get 2 doses of chickenpox vaccine at these ages:

1st Dose: 12-15 months of age

2nd Dose: 4-6 years of age (may be given earlier, if at least 3 months after the 1st dose)

People 13 years of age and older (who have never had chickenpox or received chickenpox vaccine) should get two doses at least 28 days apart.

**Chickenpox**

**3/13/08**

### Catch-Up

Anyone who is not fully vaccinated, and never had chickenpox, should receive one or two doses of chickenpox vaccine. The timing of these doses depends on the person's age. Ask your provider.

Chickenpox vaccine may be given at the same time as other vaccines.

Note: A "combination" vaccine called **MMRV**, which contains both chickenpox and MMR vaccines, may be given instead of the two individual vaccines to people 12 years of age and younger.

### 3 Some people should not get chickenpox vaccine or should wait

- People should not get chickenpox vaccine if they have ever had a life-threatening allergic reaction to a previous dose of chickenpox vaccine or to gelatin or the antibiotic neomycin.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting chickenpox vaccine.
- Pregnant women should wait to get chickenpox vaccine until after they have given birth. Women should not get pregnant for 1 month after getting chickenpox vaccine.
- Some people should check with their doctor about whether they should get chickenpox vaccine, including anyone who:
  - Has HIV/AIDS or another disease that affects the immune system
  - Is being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer
  - Has any kind of cancer
  - Is getting cancer treatment with radiation or drugs
- People who recently had a transfusion or were given other blood products should ask their doctor when they may get chickenpox vaccine.

Ask your provider for more information.

## 4

### What are the risks from chickenpox vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of chickenpox vaccine causing serious harm, or death, is extremely small.

Getting chickenpox vaccine is much safer than getting chickenpox disease. Most people who get chickenpox vaccine do not have any problems with it. Reactions are usually more likely after the first dose than after the second.

#### Mild Problems

- Soreness or swelling where the shot was given (about 1 out of 5 children and up to 1 out of 3 adolescents and adults)
- Fever (1 person out of 10, or less)
- Mild rash, up to a month after vaccination (1 person out of 25). It is possible for these people to infect other members of their household, but this is extremely rare.

#### Moderate Problems

- Seizure (jerking or staring) caused by fever (very rare).

#### Severe Problems

- Pneumonia (very rare)

Other serious problems, including severe brain reactions and low blood count, have been reported after chickenpox vaccination. These happen so rarely experts cannot tell whether they are caused by the vaccine or not. If they are, it is extremely rare.

Note: The first dose of **MMRV** vaccine has been associated with rash and higher rates of fever than MMR and varicella vaccines given separately. Rash has been reported in about 1 person in 20 and fever in about 1 person in 5. Seizures caused by a fever are also reported more often after MMRV. These usually occur 5-12 days after the first dose.

## 5

### What if there is a moderate or severe reaction?

#### What should I look for?

- Any unusual condition, such as a high fever, weakness, or behavior changes. Signs of a serious

allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

#### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS does not provide medical advice.*

## 6

### The National Vaccine Injury Compensation Program

A federal program has been created to help people who may have been harmed by a vaccine.

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## 7

### How can I learn more?

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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Vaccine Information Statement (Interim)  
Varicella Vaccine (3/13/08) 42 U.S.C. §300aa-26