

ARKANSAS DEPARTMENT OF EDUCATION RULES GOVERNING KINDERGARTEN THROUGH 12TH GRADE IMMUNIZATION REQUIREMENTS IN ARKANSAS PUBLIC SCHOOLS

~~May 2010~~

1.0 PURPOSE

- 1.01 The purpose of these rules is to establish the requirements and procedures for governing Kindergarten through 12th grade immunization requirements in Arkansas Public Schools.
- 1.02 Immunizations against poliomyelitis, diphtheria, tetanus, pertussis, red (rubeola) measles, mumps, rubella, varicella (chickenpox), *haemophilus influenza* type b, hepatitis B, hepatitis A, meningococcal, and pneumococcal, and other communicable diseases have resulted in a dramatic decrease in the incidence of these diseases in Arkansas. However, these diseases continue to occur in childcare facilities, schools, and colleges and universities. A requirement that children and students furnish proof that they have immunity against certain communicable diseases will reduce the potential for an outbreak of these diseases.

2.0 REGULATORY AUTHORITY

- 2.01 The following Rules governing Kindergarten through 12th grade immunization requirements in Arkansas Public Schools are duly adopted and promulgated by the Arkansas State Board of Education pursuant to the authority expressly conferred by the laws of the State of Arkansas including, without limitation, Ark. Code Ann. § 20-7-109, Ark. Code Ann. § 6-18-702, Ark. Code Ann. §§ 6-60-501 – 504, and Ark. Code Ann. § 20-78-206.

3.0 REQUIREMENTS

- 3.01 Except as otherwise provided in these rules, no child shall be admitted to a public ~~or charter~~ school of this state who has not been immunized against poliomyelitis, diphtheria, tetanus, pertussis, red (rubeola) measles, rubella, mumps, hepatitis B, hepatitis A, meningococcal disease and varicella (chickenpox) (See Table I.), as evidenced by an immunization record from a licensed physician or a public health department acknowledging the immunization.
- 3.02 The requirements for entry into school are:
 - 3.02.1 Kindergarten: At least four doses of Diphtheria/Tetanus/Acellular Pertussis (DTaP), Diphtheria/Tetanus/Pertussis (DTP), or Diphtheria/Tetanus (DT pediatric) vaccine; at least three doses of Polio vaccine; two doses of MMR (measles, mumps, and rubella) vaccine; three doses of Hepatitis B vaccine; one dose of Hepatitis A; and two doses of Varicella (chickenpox) vaccine ~~without accepting history of disease in lieu~~

of receiving Varicella vaccine. A medical professional's [medical doctor (MD), advanced practice nurse (APN), doctor of osteopathy (DO), or physician assistant (PA)] history of disease may be accepted in lieu of receiving Varicella vaccine. No self or parental history of varicella disease will be accepted (See Table I). Exception: If a student has previously received two doses of measles, one dose of mumps and one dose of rubella before January 1, 2010, the doses will be accepted as compliant to immunization requirements and 2 MMRs are not required.

3.02.2 1st through 12th grade: At least three or four doses of Diphtheria/Tetanus/Acellular Pertussis (DTaP), Diphtheria/Tetanus/Pertussis (DTP), Diphtheria/Tetanus (DT-pediatric), Tetanus/Diphtheria (Td-adult) or Tetanus/Diphtheria/Acellular Pertussis (Tdap-adult) and one dose of Tdap for ages 11 years (as of September 1st each year) and older or 3 doses for unvaccinated persons 7 years of age or older (including persons who cannot document prior vaccination); at least three doses of Polio vaccine; two doses of MMR (measles, mumps, and rubella) vaccine, ~~and an appropriate series of Hepatitis B vaccine~~ two or three doses of Hepatitis B vaccine; two doses of Hepatitis A for First Grade; two doses of varicella vaccine; and one or two doses of Meningococcal vaccine with one dose for 7th grade and a second dose of Meningococcal vaccine at age 16 years (as of September 1st each year). However, if the first dose of Meningococcal vaccine is administered at age 16 years or older, no second dose is required; or if not vaccinated prior to age 16 years, one dose is required. A medical professional's [medical doctor (MD), advanced practice nurse (APN), doctor of osteopathy (DO), or physician assistant (PA)] history of disease may be accepted in lieu of receiving Varicella vaccine. No self or parental history of varicella disease will be accepted. (See Table I). Exception: If a student has previously received two doses of measles, one dose of mumps and one dose of rubella before January 1, 2010, the doses will be accepted as compliant to immunization requirements and 2 MMRs are not required.

3.02.3 7th grade: In addition to the vaccines requirements listed under 1st through 12th grade, one dose of ~~Tdap vaccine if applicable (See Table I) and one or two doses of Varicella (chickenpox) vaccine. A parent/guardian or physician history of disease may be accepted in lieu of receiving Varicella vaccine.~~ Meningococcal vaccine (See Table I.)

3.03 Every child must have received all of the vaccines, be in-process of receiving needed doses listed in Table 1, show proof that they have a letter from the Arkansas Department of Health approving serology as proof of immunity, or applied for an exemption for those vaccines he or she has not received in order to continue attendance in a public school. If the child does not meet the immunization requirements for entering a public school, refer the child to a medical authority (private doctor or health department) for immunization or consultation.

~~3.03~~ 3.04 A facility may temporarily admit a child provided that the child becomes appropriately immunized, is in-process of receiving the needed doses of vaccine, or shows proof that they have applied for an exemption for those vaccines he/she has not received within thirty (30) calendar days after the child's original admission or by October 1st for Tdap and Meningococcal at age 11 and 16 years respectively. "In process" means the student has received at least one dose of the required immunizations and is waiting the minimum time interval to receive the additional doses. When a student is admitted who is in the process of completing the required minimum immunizations, the facility shall require each student to complete the required doses on schedule. A written statement from a public health nurse or private physician stating that the student is in process and containing a date when he/she must return for the next immunization shall be in the student's file. If a student does not produce documentation of additional immunizations per the schedule or show proof that they have applied for an exemption from the immunization requirements, they must be excluded from the facility until documentation is provided. The immunization series does not need to be restarted as each dose of vaccine counts toward the minimum requirements.

~~3.043.05~~ School officials should evaluate the immunization status of all children in their facilities. Table I is used to determine if the child meets the immunization requirements to enter school.

~~3.053.06~~ School boards, superintendents, and principals shall be responsible for enforcing immunization requirements with respect to kindergarten through grade 12 (K-12) within public schools.

4.0 DOCUMENTATION FOR IMMUNIZATION OR PROOF OF IMMUNITY

4.01 The following documentation of immunizations is required:

4.01.1 ~~All schools may use the Arkansas Immunization/Health Record as a standard form for recording immunization information. Entities may order the form from the Arkansas Department of Health.~~ Immunization records may be stored on a computer database, such as the Arkansas Public School Computer Network (APSCN). A copy of the original source document or a copy from the immunization provider's medical record shall be placed in a permanent file. The immunization record printed off the statewide immunization registry with the Official Seal of the State of Arkansas is considered an official immunization record and is approved for placement in a permanent file as source documentation. It shall be the responsibility of the entity to maintain a list of individuals not appropriately immunized and a list of individuals with medical, religious or philosophical exemptions.

4.01.2 The only proof of immunizations to be accepted shall be an immunization

record provided by a licensed physician, health department, military service, or an official record from another educational institution in Arkansas, acknowledging the same, stating the vaccine type and dates of vaccine administration must be provided and entered on the school record. Terms such as “up-to-date”, “complete”, “adequate”, etc. are not to be accepted as proof of immunization.

4.02 The following documentation for proof of immunity is required:

4.02.1 Serologic testing is only applicable to Hepatitis B virus, Measles, Mumps, Rubella and Varicella. Any individual who has immunity to a vaccine-preventable disease Hepatitis B, Measles, Mumps, Rubella and/or Varicella as documented by appropriate serological testing shall not be required to have the vaccine for that disease.

4.02.2 A copy of the serological test should be submitted to the Arkansas Department of Health, Immunization Section, along with a letter requesting that the serological test be accepted as proof of immunity in lieu of receiving vaccine for the disease indicated on the serological test. After review by the Medical Director, Immunization Section, a letter indicating approval or denial will be sent to ~~both~~ the individual, parent, or guardian and the school and it will be that person's responsibility for informing the school. For approvals, annual approval is not required and a copy of the letter should be placed in the student's permanent file. For denials, the student must receive the required immunization or request an exemption.

4.03 An individual who has lost his/her immunization records or whose serology test results are unavailable shall be properly immunized for those diseases or will be required to show proof that they have applied for an exemption for those vaccines he/she has not received.

5.0 EXEMPTIONS

5.01 General Requirements

5.01.1 Exemptions shall be granted only by the Department of Health.

5.01.2 Individuals shall complete an annual application for medical, religious, and philosophical exemptions.

5.01.3 A notarized statement by the individual requesting the exemption must accompany the application.

5.01.4 All individuals requesting an exemption must complete an educational component developed by the Department of Health that includes

information on the risks and benefits of vaccinations.

5.01.5 All individuals must sign an “informed consent” form provided by the Department of Health that includes:

5.01.5.1 A statement of refusal to vaccinate;

5.01.5.2 A statement of understanding that at the discretion of the Department of Health the non-immunized child or individual may be removed from the applicable facility (for 21 days or longer) during an outbreak if the child or individual is not fully vaccinated; and

5.01.5.3 A statement of understanding that the child or individual shall not return to the applicable facility until the outbreak has been resolved and the Department of Health approves the return.

5.02 Medical Exemptions

5.02.1 Only a letter issued by the Medical Director, Immunization Section of the Arkansas Department of Health, stating the vaccine or vaccines for which a child/student is exempt is to be accepted as a valid medical exemption by the school. Statements from private physicians are not to be accepted by the school without this letter. In addition to the general requirements found in section 5.01, the Immunization Section’s standard form for medical exemptions must be submitted to the Immunization Section. This form is available from the Immunization Section of the Department of Health upon request.

5.03 Religious Exemptions

5.03.4 In addition to the general requirements found in section 5.01, the Department of Health, Immunization Section’s standard form for religious exemptions must be submitted to the Immunization Section. This form is available from the Immunization Section upon request.

5.04 Philosophical Exemptions

5.04.1 In addition to the general requirements found in section 5.01, the Department of Health Immunization Section’s standard form for philosophical exemptions must be submitted to the Immunization Section. This form is available from the Immunization Section upon request.

6.0 EXCLUSION FROM FACILITIES

6.01 Public ~~and Charter~~ Schools

6.01.1 Each facility must maintain an accurate and current list of all exempt and deficient individuals. Individuals who are exempt or deficient (except those who have had the disease as verified by appropriate serological testing) will be excluded from the facility if the Department of Health determines that a possibility of disease transmission exists. The exempt or deficient child or individual shall not return to the facility (for 21 days or longer) until the possibility of disease transmission has been controlled and the Department of Health approves the return.

7.0 REPORTING REQUIREMENTS

7.01 In order to identify areas where additional emphasis is needed and to measure levels of immunization compliance, the Arkansas Department of Health will conduct annual ~~surveys and on-site immunization record audits~~ assessments in schools. The entity's cooperation in completing these surveys and audits is required.

TABLE I
KINDERGARTEN THROUGH GRADE TWELVE IMMUNIZATION
REQUIREMENTS*

Vaccine ► ----- ---- Grade ▼	Diphtheria, Tetanus, Pertussis (DTP/DT/Td/DTa P/Tdap)	Polio (OPV – Oral or IPV – Inactivated)	MMR***** (Measles, Mumps, and Rubella)	Hep B	<u>Meningococcal</u> <u>(MCV4)</u>	Varicella	Hepatitis A
Kindergarten	4 doses (with 1 dose on or after 4 th birthday)	3 doses (with 1 dose on or after 4 th birthday) with a <u>minimum</u> <u>interval of 6</u> <u>months</u> <u>between the</u> <u>2nd and 3rd</u> <u>dose</u> <u>OR</u> 4 doses with 1 dose on or after 4 th birthday and <u>a minimum</u> <u>interval of 6</u> <u>months</u> <u>between the</u> <u>3rd and 4th</u> <u>dose.</u> A child who has received 4 or more doses of polio vaccine does not have to have a dose after the 4th birthday.	2 doses (with dose 1 on or after 1 st birthday and dose 2 at least 28 days after dose 1)	3 doses	None	2 doses (with dose 1 on or after 1 st birthday and dose 2 at least 28 days after dose 1) No *****A <u>medical</u> <u>professional</u> <u>history of</u> <u>disease will</u> <u>be accepted</u> <u>in lieu of</u> <u>vaccine.</u>	<u>1 dose on</u> <u>or after 1st</u> <u>birthday</u>
Grades 1 – 12	34 doses (with 1 dose on or after 4 th birthday)	3 doses (with 1 dose on or after 4 th birthday with <u>a minimum</u>	2 doses (with dose 1 on or after 1 st birthday	2** or 3*** doses (11-15 year	<u>Second dose</u> <u>at age 16</u> <u>years (as of</u> <u>September 1st</u> <u>each year)</u>	12 doses (with dose 1 on or after 1 st birthday and dose 2	<u>Grade 1</u> <u>only: 2</u> <u>doses with</u> <u>one dose</u> <u>on or after</u>

	<u>AND</u> <u>1 dose of Tdap for ages 10 years (as of September 1st each year) and older</u> <u>OR</u> <u>3 doses ***** for persons 7 years of age or older who are not fully vaccinated (including persons who cannot document prior vaccination)</u>	<u>interval of 6 months between the 2nd and 3rd dose)</u> <u>OR</u> <u>4 doses with 1 dose on or after 4th birthday and a minimum interval of 6 months between the 3rd and 4th dose.</u> A child who has received 4 or more doses of polio vaccine does not have to have a dose after the 4th birthday.	and dose 2 at least 28 days after dose 1)	olds could be on a 2-dose schedule)	<u>with a minimum interval of 8 weeks since 1st dose</u> <u>OR</u> <u>1 dose if not vaccinated prior to age 16 years (If first dose is administered at age 16 years or older, no second dose is required.)</u>	<u>at least 28 days after dose 1)</u> <u>OR</u> *****A <u>medical professional parent/guardian or physician history of disease may be accepted in lieu of receiving vaccine.</u>	<u>1st birthday and at least 6 months from the first dose</u>
Grade 7	<u>34 doses (with 1 dose on or after 4th birthday)</u> <u>and</u> <u>1 dose of Tdap, if applicable****</u> <u>OR</u> <u>3 doses***** for persons 7 years of age or older who are not fully immunized (including persons who</u>	<u>3 doses (with 1 dose on or after 4th birthday with a minimum interval of 6 months between the 2nd and 3rd dose)</u> <u>OR</u> <u>4 doses with 1 dose on or after 4th birthday and a minimum interval of 6 months between the 3rd and 4th</u>	2 doses (with dose 1 on or after 1st birthday and dose 2 at least 28 days after dose 1)	2** or 3*** doses (11-15 year olds could be on a 2-dose schedule)	<u>1 dose</u>	1 or 2 doses (Depends on age: One (1) dose is required if given at less than 13 years of age. Two (2) doses, separated by 28 days, are required if dose 1 is given at or greater than 13 years of age.) (with dose 1 on or after 1st birthday and dose 2 at	

	<u>cannot document prior vaccination)</u>	<u>dose.</u> A child who has received 4 or more doses of polio vaccine does not have to have a dose after the 4th birthday.				<u>least 28 days after dose 1)</u> OR *****A parent, guardian or physician <u>*****A</u> <u>parent, guardian or physician</u> <u>medical professional</u> <u>history of disease may be accepted in lieu of receiving vaccine.</u>	
--	---	--	--	--	--	--	--

*Doses of vaccine required for school entry may be less than the number of doses required for age-appropriate immunization.

**An alternative two-dose hepatitis B schedule for 11-15 year-old children may be substituted for the three-dose schedule. Only a FDA-approved alternative regimen vaccine for the two-dose series may be used to meet this requirement. If you are unsure if a particular child's two-dose schedule is acceptable, please contact the Immunization Section for assistance at 501-661-2169.

*** 3rd dose of hepatitis B should be given at least 8 weeks after the 2nd dose, at least 16 weeks after the 1st dose, and it should not be administered before the child is 24 weeks (168 days) of age. (All 3rd doses of hepatitis B vaccine given earlier than 6 months of age before 6/21/96 are valid doses and should be counted as valid until 6/21/2014.)

****~~A 5-year interval between Td and Tdap vaccine can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine. is encouraged to reduce the risk of local and systemic adverse reactions. The interval between Td and Tdap may be shorter than 5 years (but not less than 2 years) if protection from pertussis is needed.~~

***** Exception: If a student has previously received two doses of measles, one dose of mumps and one dose of rubella before January 1, 2010, the doses will be accepted as compliant to immunization requirements and 2 MMRs are not required.

***** A medical professional is a medical doctor (MD), advanced practice nurse (APN), doctor of osteopathy (DO), or physician assistant (PA). No self or parental history of disease will be accepted.

***** For unvaccinated persons 7 years of age and older (including persons who cannot document prior vaccination), the primary series is 3 doses. The first two doses should be

separated by at least 4 weeks, and the third dose at least 6 months after the second. One of these doses (preferably the first) should be administered as Tdap and the remaining two doses administered as Td.

Vaccine doses administered up to 4 days before the minimum interval for age can be counted as valid for doses already administered. Exception: the minimum interval between doses of live vaccines (such as MMR and Varicella) must be 28 days.

If the child does not meet the immunization requirements for entering school, the school shall refer the child to a medical authority (private doctor or health department) for immunization or consultation for when the immunization is due.

CERTIFICATION

~~This is to certify that the foregoing Rules Governing Kindergarten through 12th-Grade Immunization Requirements in Arkansas Public Schools were adopted by the Arkansas State Board of Education at a regular session of said Board held in Little Rock, Arkansas, on the 10th day of May, 2010 to be effective August 2010.~~

~~Secretary~~
~~Arkansas State Board of Education~~

~~The foregoing Rules, copy having been filed in my office, are hereby approved on this ____ day of _____, 2010.~~

~~Mike Beebe~~
~~Governor~~