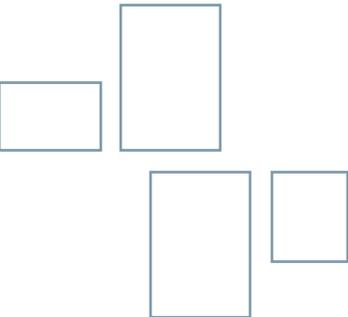
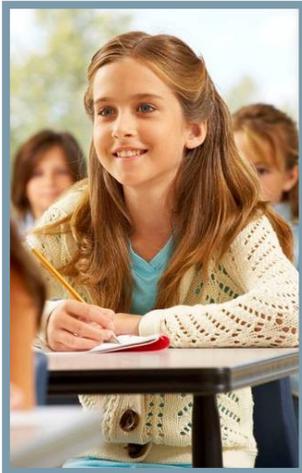
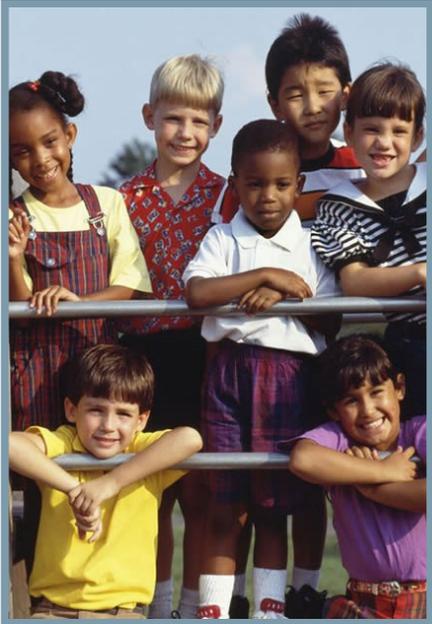


Utah Immunization Guidebook



2024 | 2025

For Schools, Early Childhood Programs
and Healthcare Providers

UTAH IMMUNIZATION GUIDEBOOK

INTRODUCTION

The Utah Immunization Program is pleased to provide you with the *Utah Immunization Guidebook for Schools, Early Childhood Programs, and Healthcare Providers*. The Guidebook is designed to clarify the Utah Statutes and Rules for Immunization, which have been included in this guidebook in 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 schools and early childhood program personnel, school nurses, healthcare professionals, local health departments, statewide immunization coalitions, pharmacies, and parents.

The Utah Immunization Program recognizes that immunization schedules are very complex and often require time and effort to ensure Utah's children are adequately protected from vaccine preventable diseases. The Utah Statewide Immunization Information System (USIIS) is a free, confidential, web-based information system that contains immunization histories for Utah residents of all ages. USIIS consolidates immunizations from multiple providers into one centralized record. Schools and early childhood programs can enroll in USIIS and benefit from its many features such as determining whether the vaccines a child has received are current, due, or overdue. For more information, visit the USIIS website at <https://immunize.utah.gov/usiis/> or call the Utah Immunization Program at 801-538-9450.

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 the Utah Immunization Program at 801-538-9450 or email nzandkar@utah.gov.



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SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS



Diphtheria, tetanus, acellular pertussis (DTaP)

A student enrolling in a Utah kindergarten through sixth grade or an early childhood program* must be immunized with the Diphtheria, Tetanus, and Pertussis (DTaP) vaccine.

A student must receive five doses of the DTaP. 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.

Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 3.

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

*Children enrolled in early childhood programs must be immunized with the DTaP vaccine according to their appropriate age. The number of doses required varies by a child's age and how long ago they were vaccinated.

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

Note: ACIP and AAP both recommend that children receive no more than 6 doses of diphtheria and tetanus toxoids (e.g., DT, DTaP, DTP) before the seventh birthday because of concern about adverse reactions, primarily local reactions.

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

Diphtheria, Tetanus, Pertussis Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	2 years	4-6 years	11-12 years
	DTaP #1	DTaP #2	DTaP #3		DTaP #4			DTaP #5	Tdap

Shaded boxes indicate the vaccine can be given during shown age range.

SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Children 4 Months through 6 Years of Age Diphtheria-, Tetanus-, and Pertussis-Containing Vaccines: DTaP¹

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).

IF current age is	AND # of previous doses of DTaP or DT is	AND	THEN	Next dose due ²
4 months through 11 months	Unknown or 0	➔	Give Dose 1 (DTaP) today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	1	It has been at least 4 weeks since Dose 1	Give Dose 2 (DTaP) today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
		It has not been at least 4 weeks since Dose 1	No dose today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	2	It has been at least 4 weeks since Dose 2	Give Dose 3 (DTaP) today	Give Dose 4 (DTaP) at least 6 calendar months after Dose 3 and at 15 months of age or older ^{3,4}
		It has not been at least 4 weeks since Dose 2	No dose today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
	1 through 3 years	Unknown or 0	➔	Give Dose 1 (DTaP) today
1		It has been at least 4 weeks since Dose 1	Give Dose 2 (DTaP) today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
		It has not been 4 weeks since Dose 1	No dose today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
2		It has been at least 4 weeks since Dose 2	Give Dose 3 (DTaP) today	Give Dose 4 (DTaP) at least 6 calendar months after Dose 3 ⁴
		It has not been 4 weeks since Dose 2	No dose today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
3		It has been at least 6 calendar months since Dose 3	If 12 through 14 months of age, no dose today ²	Give Dose 4 (DTaP) at 15 through 18 months of age ⁴
			If 15 months of age or older, give Dose 4 (DTaP) today ⁴	Give Dose 5 (DTaP) at least 6 months after Dose 4 and at 4 through 6 years of age ^{4,5}
		It has not been 6 calendar months since Dose 3	No dose today	Give Dose 4 (DTaP) at least 6 months after Dose 3 ⁴

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, Infanrix, Pediarix, Pentacel, Vaxelis, Kinrix, 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.

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

³Dose 4 maybe administered as early as age 12 months, provided at least 6 months have elapsed since Dose 3.

⁴Vaxelis should not be used for either Dose 4 or Dose 5.

⁵Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after Dose 3.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024. <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>

SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Children 4 Months through 6 Years of Age Diphtheria-, Tetanus-, and Pertussis Containing Vaccines: DTaP¹

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

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, Infanrix, Pediarix, Pentacel, Vaxelis, Kinrix, 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.

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

³Dose 4 maybe administered as early as age 12 months, provided at least 6 months have elapsed since Dose 3.

⁴Vaxelis should not be used for either Dose 4 or Dose 5.

⁵Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after Dose 3.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024.
<https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>

SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS

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

Tetanus-, Diphtheria-, and Pertussis-Containing Vaccine: Tdap/Td¹

Table #2- 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 <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-catch-up.html>.

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due
7 through 9 years ¹	Unknown or 0	→	→	→	Give Dose 1 (Tdap) today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1
	1	Dose 1 was given before 12 months of age	→	→	Give Dose 2 (Tdap) today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2
			Dose 1 was given at 12 months of age or older	It has been at least 4 weeks since Dose 1	Dose 1 was Tdap	Give Dose 2 (Td or Tdap) today
		Dose 1 was not Tdap		Give Dose 2 (Tdap) today		
		It has not been at least 4 weeks since Dose 1		Dose 1 was Tdap	No dose today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1
				Dose 1 was not Tdap	No dose today	Give Dose 2 (Tdap) at least 4 weeks after Dose 1
		2	Dose 1 was given before 12 months of age	It has been at least 4 weeks since Dose 2	Dose 2 was Tdap ¹	Give Dose 3 (Td or Tdap) today
	No dose was Tdap				Give Dose 3 (Tdap) today	
	It has not been 4 weeks since Dose 2			Dose 2 was Tdap	No dose today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2
				No dose was Tdap	No dose today	Give Dose 3 (Tdap) at least 4 weeks after Dose 2
	Dose 1 was given at 12 months of age or older		It has been at least 6 calendar months since Dose 2	Any dose was Tdap ¹	Give Dose 3 (Td or Tdap) today	Give Tdap at 11–12 years of age ^{1,2}
				No dose was Tdap	Give Dose 3 (Tdap) today	
			It has not been 6 calendar months since Dose 2	Any dose was Tdap ¹	No dose today	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2 ¹
				No dose was Tdap	No dose today	Give Dose 3 (Tdap) at least 6 calendar months after Dose 2

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 years.

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

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024. <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>

SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Children 7 through 9 Years of Age Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td¹

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 <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-catch-up.html>.

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due
7 through 9 years ¹	3	Dose 1 was given before 12 months of age	It has been at least 6 calendar months since Dose 3	Any dose was Tdap ¹	Give Dose 4 (Td or Tdap) today	Give Tdap at 11–12 years of age ^{1,2}
				No dose was Tdap	Give Dose 4 (Tdap) today	
		It has not been 6 calendar months since Dose 3	Any dose was Tdap ¹	No dose today	Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3 ¹	
			No dose was Tdap	No dose today		Give Dose 4 (Tdap) at least 6 calendar months after Dose 3 ¹
	Dose 1 was given at 12 months of age or older	No dose was Tdap	→	Give Dose 4 (Tdap ²) today	Give Tdap at 11–12 years of age ^{1,2}	
		Any dose was Tdap	→	No dose today		
	4	→	Dose of DTaP or Tdap given after 4 th birthday	→	No dose today	Give Tdap at 11–12 years of age ^{1,2}
			No DTaP or Tdap given after 4 th birthday	→	Give a dose of Tdap today	Give Tdap at 11–12 years of age ^{1,2}

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.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024. <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>

SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS

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

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

Table #3- 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 <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-catch-up.html>.

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

¹Given at 10 years of age or older.

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

³Or Tdap administered at 9 years of age or younger.

⁴Or Tdap administered at 9 years of age or younger.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024. <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>

SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS

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).

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due
10 through 18 years	3	Dose 1 was given before 12 months of age	It has been at least 6 calendar months since Dose 3	Any dose was Tdap ¹	Give Dose 4 (Td or Tdap) today ²	Give Td or Tdap 10 years after Dose 4
				No dose was Tdap ³	Give Dose 4 (Tdap) today	
		Dose 1 was given at 12 months of age or older	It has not been 6 calendar months since Dose 3	Any dose was Tdap ¹	No dose today	Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3 ²
				No dose was Tdap ³	No dose today	Give Dose 4 (Tdap) at least 6 calendar months after Dose 3
		Dose 1 was given at 12 months of age or older	No dose was Tdap ³	→	Give Dose 4 (Tdap) today	Give Td or Tdap 10 years after Dose 4
			Any dose was Tdap ¹	→	No dose today	Give Td or Tdap 10 years after Dose 3 ²
	4	→	No Tdap was given after 7 th birthday	→	Give a dose of Tdap today ⁴	Give Td or Tdap 10 years after Tdap dose
			Any dose of Tdap was given at age 7 years or older ¹	No Tdap was given at age 10 or older		
			Tdap was given at age 10 or older	No dose today	Give Td or Tdap 10 years after Dose 4	

¹Given at 10 years of age or older.

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

³Or Tdap administered at 9 years of age or younger.

⁴The 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.

⁵The 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.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024.

<https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>

INDIVIDUAL VACCINE REQUIREMENTS



Polio

A student enrolling in a Utah kindergarten through twelfth grade or an early childhood program* must be immunized with the Polio vaccine.

A student must receive four doses of the inactivated polio vaccine (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) at least six months after receiving the previous dose.

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: Polio (<https://www.immunize.org/ask-experts/topic/polio/>).

When evaluating doses of polio vaccine administered to children outside the U.S., use the date of administration to make a presumptive determination of what type of OPV was received. Only trivalent doses count as valid for the U.S. polio vaccination schedule. Trivalent OPV was used throughout the world before April 2016. In April 2016, all countries using tOPV switched to bivalent OPV (bOPV). In addition, some countries also use monovalent OPV (mOPV) during special vaccination campaigns. Doses recorded as bOPV or mOPV, and unspecified OPV doses noted on an immunization record as given during a vaccination campaign, do not count as valid doses for the U.S. polio vaccination schedule.

You may count a record of an "OPV" dose as valid if the dose was administered before April 1, 2016, and was not noted as being administered as part of a mass vaccination campaign. OPV doses administered on or after April 1, 2016, should not be counted as a valid dose for the U.S. polio vaccination schedule.

Reference: Polio, updated on July 23, 2023 (<https://www.immunize.org/ask-experts/topic/polio/>).

If an immigrant infant has a record of 1 or 2 doses of OPV in their country of origin how many more doses of IPV should be given?

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 (tOPV). Only trivalent polio vaccine counts toward the U.S. schedule. No doses of OPV given since April 1, 2016, count toward the U.S. polio vaccination schedule because, on that date, all countries routinely using tOPV switched to bivalent OPV. Please see other detailed answers concerning details on assessment of OPV doses by the date of administration.

If both tOPV and IPV were or will be administered as part of a series, the total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. If the child is younger than 4 years of age a total of 4 doses of polio vaccine are recommended. If the child is currently 4 years of age or older, a total of 3 doses completes the series. A minimum interval of 4 weeks should separate doses in the series, with the final dose administered on or after the fourth birthday and at least 6 months after the previous dose. If only tOPV was administered, and all doses were given before 4 years of age, 1 dose of IPV should be given at 4 years of age or older, at least 6 months after the last tOPV dose.

Reference: Last updated: July 23, 2023 (<https://www.immunize.org/ask-experts/topic/polio/>).

**Children enrolled in early childhood programs must be immunized with the Polio vaccine according to their appropriate age. The number of doses required varies by a child's age and how long ago they were vaccinated.*

Polio Recommended Immunization Schedule									
Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
	IPV #1	IPV #2	IPV #3					IPV #4	

Shaded boxes indicate the vaccine can be given during shown age range.

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Children 4 Months through 17 Years of Age Inactivated Polio Vaccine (IPV)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). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>.

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

¹IPV products include IPOL, Pediarix, Pentacel, Vaxelis, Kinrix, and Quadracel. Use the correct product based on the approved age indications.

²Series containing oral polio vaccine (OPV) administered before April 1, 2016, 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. <http://www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm>

³Next dose due is not the final dose in the series unless explicitly stated.

⁴Vaxelis is not indicated for Dose 4.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024/
<https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>.

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Children 4 Months through 17 Years of Age Inactivated Polio Vaccine (IPV)¹

IF current age is	AND # of previous doses ² is	AND			THEN	Next dose due ³	
4 through 17 years	Unknown or 0	→			Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1	
	1	It has been at least 4 weeks since Dose 1			Give Dose 2 today	Give Dose 3 (Final Dose) at least 6 months after Dose 2 ⁵	
		It has not been at least 4 weeks since Dose 1			No dose today	Give Dose 2 at least 4 weeks after Dose 1	
	2	It has been at least 6 months since Dose 2			Give Dose 3 (Final Dose) today ⁵	No additional doses needed	
		It has not been 6 months since Dose 2			No dose today	Give Dose 3 (Final Dose) at least 6 months after Dose 2 ⁵	
	3	Dose 3 was given before 4 years of age	It has been at least 6 months since Dose 3	→	Give Dose 4 (Final dose) today ⁴	No additional doses needed	
			It has not been at least 6 months since Dose 3	→	No dose today	Give Dose 4 (Final Dose) at least 6 months after Dose 3 ⁴	
		Dose 3 was given at 4 years of age or older	Dose 3 was given at least 6 months from previous dose	→	No dose today	No additional doses needed	
			Dose 3 was not given at least 6 months from previous dose	It has been at least 6 months since Dose 3	→	Give Dose 4 (Final dose) today ⁴	No additional doses needed
				It has not been at least 6 months since Dose 3	→	No dose today	Give Dose 4 (Final Dose) at least 6 months after Dose 3 ⁴

1 IPV products include IPOL, Pediarix, Pentacel, Vaxelis, Kinrix, and Quadracel. Use the correct product based on the approved age indications.

2 Series containing oral polio vaccine (OPV) administered before April 1, 2016, 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.

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

4 Vaxelis is not indicated for Dose 4.

5 Dose 4 is not necessary if the Dose 3 was given at age 4 years or older and at least 6 months after the previous dose.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024. <https://www.cdc.gov/vaccines/hcp/immunization-schedules/child-adolescent-age.html>.

INDIVIDUAL VACCINE REQUIREMENTS



Measles, mumps, and rubella (MMR)

A student enrolling in a Utah kindergarten through twelfth grade or an early childhood program* must be immunized with the Measles, Mumps, and Rubella (MMR) vaccine

School entry: A student entering school, **kindergarten through twelfth grade**, must be immunized with **two** doses of the 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.*
- *For dose 1 in children age 12–47 months, it is recommended to administer MMR and varicella vaccines separately. MMRV may be used if parents or caregivers express a preference.*

***Children enrolled in early childhood programs must be immunized with the MMR vaccine according to their appropriate age. The number of doses required varies by a child's age and how long ago they were vaccinated.**

Measles, Mumps, Rubella (MMR)

Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
				MMR #1				MMR #2	

Shaded boxes indicate the vaccine can be given during shown age range.

INDIVIDUAL VACCINE REQUIREMENTS



Varicella (Chickenpox)

A student enrolling in a Utah kindergarten through twelfth grade or an early childhood program* must be immunized with the Varicella (Chickenpox) vaccine.

Kindergarten through twelfth: A student entering kindergarten through twelfth grade must be immunized with two doses of the Varicella (Chickenpox) vaccine. The first dose must be administered **on** or **after** the student's first birthday.

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. Children enrolled in early childhood programs must be immunized for varicella vaccine according to their appropriate age. The number of doses required varies by a child's age and how long ago they were vaccinated.

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.
- *For dose 1 in children age 12–47 months, it is recommended to administer MMR and varicella vaccines separately. MMRV may be used if parents or caregivers express a preference.*

Varicella (Chickenpox)

Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
				VAR #1				VAR #2	

Shaded boxes indicate the vaccine can be given during shown age range.

INDIVIDUAL VACCINE REQUIREMENTS



Haemophilus influenzae type b (Hib)

A child less than five years of age attending an early childhood program must be immunized with Haemophilus influenzae type b (Hib) vaccine 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, Pentacel, or Vaxelis, 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 through 15 months and at least 8 weeks after the most recent Hib dose.

Vaxelis is recommended only for the primary Hib series and is not recommended for use as a booster (4th) dose. A different Hib-containing vaccine licensed for a booster dose should be used.

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.

Routine vaccination

- **ActHIB[®], Hiberix[®], Pentacel[®], or Vaxelis[®]:** 4-dose series (3-dose primary series at age 2, 4, and 6 months, followed by a booster dose* at age 12–15 months). *Vaxelis[®] is not recommended for use as a booster dose. A different Hib-containing vaccine should be used for the booster dose.
- **PedvaxHIB[®]:** 3-dose series (2-dose primary series at age 2 and 4 months, followed by a booster dose at age 12–15 months)

Three monovalent Hib vaccines are available in the United States: PedvaxHIB (PRP-OMP, Merck), ActHIB (PRP-T, Sanofi) and Hiberix (PRP-T, GSK).

Reference: updated on February 14, 2023 (https://www.immunize.org/askexperts/experts_hib.asp)

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

Haemophilus influenzae type B (Hib)

Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
	Merck Hib #1	Merck Hib #2		Merck Hib #3 Booster					
	Other Hib #1	Other Hib #2	Other Hib #3	Other Hib #4 Booster					

Shaded boxes indicate the vaccine can be given during shown age range.

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Healthy¹ Children 4 Months through 4 Years of Age

haemophilus influenzae type b Vaccines: ActHIB, Pentacel, Hiberix, Vaxelis, or Unknown²

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). 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/childadolescent.html.

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

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Healthy¹ Children 4 Months through 4 Years of Age haemophilus influenzae type b Vaccines: ActHIB, Pentacel, Hiberix, or Unknown²

IF current age is	AND # of previous doses is	AND	AND	AND	THEN	Next Dose Due ³		
12 through 14 months	Unknown or 0	→	→	→	Give Dose 1 today	Give Dose 2 (Final Dose) at least 8 weeks after Dose 1		
	1	Dose 1 was given before 12 months of age	It has been at least 4 weeks since Dose 1	→	→	Give Dose 2 today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2	
			It has not been 4 weeks since Dose 1	→	→	No dose today	Give Dose 2 at least 4 weeks after Dose 1	
		Dose 1 was given at 12 months of age or older	It has been at least 8 weeks since Dose 1	→	→	Give Dose 2 (Final Dose) today	No additional doses needed	
			It has not been at least 8 weeks since Dose 1	→	→	No dose today	Give Dose 2 (Final Dose) at least 8 weeks after Dose 1	
	2	Dose 1 was given before 12 months of age	It has been at least 8 weeks since Dose 2	→	→	Give Dose 3 (Final Dose) today	No additional doses needed	
			It has not been at least 8 weeks since Dose 2	→	→	No dose today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2	
		Dose 1 was given at 12 months of age or older	→	→	→	No dose today	No additional doses needed	
	3	All doses were given before 12 months of age	→	It has been at least 8 weeks since Dose 3	→	→	Give Dose 4 (Final Dose) to-day ⁴	No additional doses needed
				It has not been at least 8 weeks since Dose 3	→	→	No dose today	Give Dose 4 (Final Dose) at least 8 weeks after Dose 3 ⁴
		At least one dose was given at 12 months of age or older	→	→	→	No dose today	No additional doses needed	

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Healthy¹ Children 4 Months through 4 Years of Age

haemophilus influenzae type b Vaccines: ActHIB, Pentacel, Hiberix, Vaxelis, or Unknown²

IF current age is	AND # of previous doses is	AND	AND	AND	THEN	Next Dose Due ³		
15 through 59 months	Unknown or 0	→	→	→	Give Dose 1 (Final Dose) today	No additional doses needed		
	1	Dose 1 was given before 12 months of age	→	→	→	Give Dose 2 (Final Dose) today	No additional doses needed	
		Dose 1 was given at 12 through 14 months of age	It has been at least 8 weeks since Dose 1	→	→	Give Dose 2 (Final Dose) today	No additional doses needed	
			It has not been at least 8 weeks since Dose 1	→	→	No dose today	Give Dose 2 (Final Dose) at least 8 weeks after Dose 1	
		Dose 1 was given at 15 months of age or older	→	→	→	No dose today	No additional doses needed	
	2	Dose 1 was given before 12 months of age	Dose 2 was given before 15 months of age	→	→	→	Give Dose 3 (Final Dose) today	No additional doses needed
			It has not been at least 8 weeks since Dose 2	→	→	→	No dose today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2
		Dose 2 was given at 15 months of age or older	→	→	→	→	No dose today	No additional doses needed
		Dose 1 was given at 12 months of age or older	→	→	→	→	No dose today	No additional doses needed

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Healthy¹ Children 4 Months through 4 Years of Age haemophilus influenzae type b Vaccines: ActHIB, Pentacel, Hiberix, Vaxelis, or Unknown²

IF current age is	AND # of previous doses is	AND	AND	AND	THEN	Next Dose Due ³
15 through 59 months	3	Dose 3 was given before 15 months of age	All doses were given before 12 months of age	→	Give Dose 4 (Final Dose) today ⁴	No additional doses needed
			At least one dose was given at 12 months of age or older	→	No dose today	No additional doses needed
		Dose 3 was given at 15 months of age or older	→	→	No dose today	No additional doses needed

¹ 1 Refer to notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024, for immunization guidance for children at increased risk for Haemophilus influenzae type b disease.

² 2 See separate job aid for HIB vaccination with PedvaxHIB.

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

⁴ 4 Vaxelis should not be used for Dose 4.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Healthy¹ Children 4 Months through 4 Years of Age Haemophilus influenzae type b Vaccines: PedvaxHIB vaccine only

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.

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

¹ Refer to notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024, for immunization guidance for children at increased risk for Haemophilus influenzae type b disease.

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

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Healthy¹ Children 4 Months through 4 Years of Age Haemophilus Influenzae type B Vaccines: PedvaxHIB vaccine only

IF current age is	AND # of previous doses is	AND	AND	AND	THEN	Next Dose Due ²
15 through 59 months	0	→	→	→	Give Dose 1 (Final Dose) today	No additional doses needed
	1	Dose 1 was given before 12 months of age	→	→	Give Dose 2 (Final Dose) today	No additional doses needed
		Dose 1 was given at 12 through 14 months of age	It has been at least 8 weeks since Dose 1	→	Give Dose 2 (Final Dose) today	No additional doses needed
			It has not been 8 weeks since Dose 1	→	No dose today	Give Dose 2 (Final Dose) at least 8 weeks after Dose 1
		Dose 1 was given at 15 months of age or older	→	→	No dose today	No additional doses needed
	2	Dose 1 was given before 12 months of age	Dose 2 was given before 15 months of age	It has been at least 8 weeks since Dose 2	Give Dose 3 (Final Dose) today	No additional doses needed
				It has not been 8 weeks since Dose 2	No dose today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2
		Dose 1 was given at 12 months or older	Dose 2 was given at 15 months of age or older	→	No dose today	No additional doses needed
			→	→	No dose today	No additional doses needed

¹ Refer to notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024, for immunization guidance for children at increased risk for Haemophilus influenzae type b disease.

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

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

INDIVIDUAL VACCINE REQUIREMENTS



Pneumococcal Conjugate (PCV)

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

Children in my practice have started the pneumococcal vaccine series with PCV13. Now that PCV15 or PCV20 are recommended, do I need to restart the vaccination series or give additional vaccine doses to all of them?

Do not restart the series or give additional doses. The previously administered doses of PCV13 are valid. Complete the pneumococcal conjugate vaccination series with either PCV15 or PCV20 in accordance with the routine schedule.

Last reviewed: August 8, 2024

A healthy 3-year-old child in my practice was fully vaccinated on-time with PCV13. Do they need a dose of PCV15 or PCV20? No. No additional doses of pneumococcal vaccine are recommended.

For catch-up guidance on the pneumococcal conjugate vaccine (PCV) for health children 4 months to 4 years, see the following pages.

Pneumococcal Conjugate (PCV)

Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
	PCV #1	PCV #2	PCV #3	PCV Booster					

 Shaded boxes indicate the vaccine can be given during age range shown.

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Healthy¹ Children 4 months through 4 Years of Age

Pneumococcal Conjugate Vaccine: PCV

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 <http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>.

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

¹Refer to the notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024, for immunization guidance for children at increased risk for pneumococcal disease.

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

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf.

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Healthy¹ Children 4 months through 4 Years of Age Pneumococcal Conjugate Vaccine: PCV

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

¹Refer to the notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024, for immunization guidance for children at increased risk for pneumococcal disease.

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

³Separated by at least 8 weeks.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf.

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Healthy¹ Children 4 months through 4 Years of Age Pneumococcal Conjugate Vaccine: PCV

IF current age is	AND # of previous doses is	AND	AND	AND	THEN	Next dose due ²		
24 through 59 months	0	→	→	→	Give Dose 1 today	No additional doses needed		
	1	Dose 1 was given before 1 st birthday	→	→	→	Give Dose 2 (Final Dose) today	No additional doses needed	
		Dose 1 was given after 1 st birthday	Dose 1 was given before 2 nd birthday	→	→	→	Give Dose 2 (Final Dose) today	No additional doses needed
			It has not been at least 8 weeks since Dose 1				No dose today	Give Dose 2 (Final Dose) at least 8 weeks after Dose 1
		Dose 1 was given after 2 nd birthday			→	No dose today	No additional doses needed	
	2	Dose 1 was given before 12 months of age	Dose 2 was given before 1 st birthday		→	→	Give Dose 3 (Final Dose) today	No additional doses needed
			Dose 2 was given before 2 nd birthday			→	Give Dose 3 (Final Dose) today	No additional doses needed
			Dose 2 was given after 2 nd birthday				No dose today	No additional doses needed
		Dose 1 was given after 12 months of age	→	→	→	No dose today	No additional doses needed	
		3	All 3 doses were given before 12 months of age	→	→	→	Give Dose 4 (Final Dose) today	No additional doses needed
	1 or more doses were given at 12 months or older		→	→	→	No dose today	No additional doses needed	

¹Refer to the notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024, for immunization guidance for children at increased risk for pneumococcal disease.

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

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-

INDIVIDUAL VACCINE REQUIREMENTS



Hepatitis A

A student enrolling in a Utah kindergarten through twelfth grade or an early childhood program* must be immunized with the Hepatitis A vaccine.

School entry: Two doses of the Hepatitis A vaccine are required for entry into kindergarten through twelfth grade. 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 with the Hepatitis A vaccine. 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.

Hepatitis A

Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
				Hepatitis A #1 & 2					

Shaded boxes indicate the vaccine can be given during shown age range.

INDIVIDUAL VACCINE REQUIREMENTS



Hepatitis B

A student enrolling in a Utah kindergarten through twelfth grade or an early childhood program* must be immunized with the Hepatitis B vaccine.

Three doses of the Hepatitis B vaccine are required for entry into kindergarten through twelfth grade. 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.

Condition (a) must be met before (b) and (c).

NOTES:

- 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 acceptable when a combination vaccine containing Hepatitis B is administered after the birth dose.

Early childhood program entry: Children enrolled in early childhood programs must be immunized with the Hepatitis B vaccine according to their appropriate age. The number of doses required varies by a child's age and how long ago they were vaccinated.

Hepatitis B									
Recommended Immunization Schedule									
Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
Hepatitis B #1									
	Hepatitis B #2		Hepatitis B #3						

Shaded boxes indicate the vaccine can be given during shown age range.

INDIVIDUAL VACCINE REQUIREMENTS



Meningococcal

A student enrolling in a Utah seventh through twelfth grade must be immunized with a dose of the Meningococcal Conjugate vaccine.

School entry: One dose of Meningococcal Conjugate vaccine is required for students entering seventh through twelfth grade.

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

Meningococcal Conjugate Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
									Meningococcal

Tetanus-diphtheria-acellular pertussis (Tdap)



A student enrolling in a Utah seventh through twelfth grade must be immunized with a dose of the Tdap vaccine.

NOTE: Only Tdap vaccine given on or after 10 years of age is acceptable for entry into seventh through twelfth grade.

NOTE: A student must provide proof of previously receiving five doses of the DTaP vaccine or four doses if dose 4 was administered at age 4 years or older and at least six months after dose 3. A student who has never been vaccinated with the DTaP vaccine or who was not fully vaccinated with the DTaP vaccine as provided by Subsection R396-100-3(1)(f), must be immunized with the appropriate number of doses of Tetanus, Diphtheria (Td) or Tdap vaccine in accordance with the catch-up Immunization schedule for children and adolescents who start late or who are more than one month behind.

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

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
									Tdap

Shaded boxes indicate the vaccine can be given during shown age range.

SECTION 2 SUMMARY OF REQUIREMENTS



SCHOOL ENTRY REQUIREMENTS FOR GRADES K-12

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)

The following vaccines are required for students entering seventh-grade:

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

NOTE: A student must provide proof of previously receiving five doses of the DTaP vaccine or four doses if dose 4 was administered at age 4 years or older and at least six months after dose 3. A student who has never been vaccinated with the DTaP vaccine or who was not fully vaccinated with the DTaP vaccine as provided by Subsection R396-100-3(1)(f), must be immunized with the appropriate number of doses of Tetanus, Diphtheria (Td) or Tdap vaccine in accordance with the catch-up Immunization schedule for children and adolescents who start late or who are more than one month behind.

Note: Proof of immunity to disease can be accepted in place of vaccination only for measles, mumps, rubella, varicella, or hepatitis A. If a student has immunity to a disease due to a previous infection, an immunity document from a healthcare provider must be provided to the school. This document must include positive serologic (titer) test results and a signed statement from a healthcare provider confirming that, based on positive laboratory test results, the student does not need the MMR, varicella, or hepatitis A vaccines.

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

***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.

SUMMARY OF REQUIREMENTS



IMMUNIZATION REQUIREMENTS FOR SCHOOLS ONLY

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.

Beginning with the 2025-2026 school year, the following vaccines are required for students entering kindergarten through sixth-grade:

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

The following vaccines are required for students entering seventh through twelfth grade:

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

NOTE: A student must provide proof of previously receiving five doses of the DTaP vaccine or four doses if dose 4 was administered at age 4 years or older and at least six months after dose 3. A student who has never been vaccinated with the DTaP vaccine or who was not fully vaccinated with the DTaP vaccine as provided by Subsection R396-100-3(1)(f), must be immunized with the appropriate number of doses of Tetanus, Diphtheria (Td) or Tdap vaccine in accordance with the catch-up Immunization schedule for children and adolescents who start late or who are more than one month behind.

NOTE: Proof of immunity to disease can be accepted in place of vaccination only for measles, mumps, rubella, varicella, or hepatitis A. If a student has immunity to a disease due to a previous infection, an immunity document from a healthcare provider must be provided to the school. This document must include positive serologic (titer) test results and a signed statement from a healthcare provider confirming that, based on positive laboratory test results, the student does not need the MMR, varicella, or hepatitis A vaccines.

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

Hepatitis A, Hepatitis B, Varicella (Chickenpox), MMR, Polio, DTaP*/Td

School Year	Grades Required
2024-2025	K-12th

*Students 7 years or older who have not received any of the components of DTaP vaccine, or whose vaccination history is unknown, should receive 3 doses of Td or Tdap. Tdap for dose #1 followed by Td or Tdap for next 2 doses.

Tdap

School Year	Grades Required
2024-2025	7th-12th

SUMMARY OF REQUIREMENTS



EARLY CHILDHOOD PROGRAM REQUIREMENTS

Children enrolled in early childhood programs must be immunized appropriately for age with the following immunizations:

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

Note: Proof of immunity to disease can be accepted in place of vaccination only for measles, mumps, rubella, varicella, or hepatitis A. If a child has immunity to a disease *due to a previous infection*, an immunity document from a healthcare provider must be provided to the school. This document must include positive serologic (titer) test results and a signed statement from a healthcare provider confirming that, based on positive laboratory test results, the child does not need the MMR, varicella, or hepatitis A vaccines.



MINIMUM AGE AND MINIMUM INTERVALS

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

A “minimum interval” refers to the shortest allowable time between doses of a vaccine series, during which an adequate immune response to the second dose can be expected.

An accelerated immunization schedule is used when a person needs to be vaccinated more quickly than the recommended schedule allows. This can be necessary in specific circumstances, such as catching up when someone has fallen behind on their vaccinations and requires rapid protection. Accelerated schedules can be used as long as the minimum ages and intervals between doses are observed. Once the person is back on schedule, they should resume the recommended vaccination schedule.

An extensive listing of recommended and minimum intervals and ages for vaccination can be found in the ACIP “General Best Practices Guidelines for Immunization”, available at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#, (Table 3-2).

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

VACCINE	Minimum AGE Dose 1	Minimum INTERVAL Dose 1 to 2	Minimum INTERVAL Dose 2 to 3	Minimum INTERVAL Dose 3 to 4	Minimum INTERVAL Dose 4 to 5
DTaP/DTP/DT	6 weeks	4 weeks	4 weeks	6 months <i>NOTE: For auditing purposes only — dose 4 need not be repeated if given at least 4 months after dose 3.</i>	6 months
Polio	6 weeks	4 weeks	4 weeks	6 months (final dose must be given on or after the fourth birthday AND 6 months from the previous dose)	
MMR	12 months	4 weeks	If the first dose of MMR is given <u>before</u> the first birthday, it must be repeated.		
Hepatitis B	birth	4 weeks	8 weeks (child must be at least 24 weeks of age)	There must be 16 weeks between dose 1 and 3.	
Hib	6 weeks	4 weeks If first dose given at <12 months 8 weeks (as final dose) If first dose given at 12-14 months No further doses needed If first dose given at ≥15 months	4 weeks If current age <12 months 8 weeks (as final dose) If current age ≥12 months and second dose given at <15 months No further doses needed If previous dose given at ≥15 months	8 weeks (as final dose) 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.	<i>NOTE: Schedule may vary according to child's current age and previous number of doses received.</i>
Varicella (Chickenpox)	12 months	3 months (Children >13 years of age need 2 doses, 4 weeks apart.)	If the first dose of Varicella is given <u>before</u> the first birthday, it must be repeated.		
Hepatitis A	12 months	6 months			
Pneumococcal Conjugate (PCV)	6 weeks	4 weeks If first dose given at <12 months 8 weeks (as final dose) If first dose given at ≥12 months or current age 24-59 months No further doses needed for healthy children if first dose given at ≥24 months	4 weeks If current age <12 months 8 weeks (as final dose) If current age ≥12 months No further doses needed for healthy children if previous dose given at ≥24 months	8 weeks (as final dose) This dose necessary for children age 12 months - 5 years who received 3 doses before age 12 months.	<i>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 7 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.</i>
Tetanus/Diphtheria/ Pertussis (Tdap)	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.				
Meningococcal Conjugate	11-12 years	8 weeks			

SECTION 3 ANNUAL REPORTS



DUE DATES

Each year, the Utah Department of Health and Human Services 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 and Human Services will prescribe the information needed for each of the listed reports and instructions for completion.

THE DUE DATES ARE AS FOLLOWS:

JANUARY 30 OF EACH YEAR:

- (a) *KINDERGARTEN SUMMARY REPORT* – statistical report of the immunization status of all kindergarten students.
- (b) *TWO 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, MMR, and Varicella status of all seventh grade students.
- (d) *EARLY CHILDHOOD PROGRAM REPORT* – statistical report of the immunization status of all children enrolled in a licensed day care center and Head Start Program.

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.

SECTION 4 APPENDICES

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Utah Statutory Code – Title 53G – Chapter 9 – Part 3 Immunization Requirements
Utah Immunization Rule for Students (R396-100)

APPENDIX B - Page 47

Frequently Asked Questions
Admission/Entry
Exemptions
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APPENDIX C - Page 58

Communication with Parents
Early Childhood Program Immunization Requirements
English Exclusion Notice for Inadequate Immunizations
Spanish Exclusion Notice for Inadequate Immunizations
English “30-Day Conditional Enrollment Notice”
Spanish “30-Day Conditional Enrollment Notice”

APPENDIX D - Page 65

Common Vaccine Names

APPENDIX E - Page 66

Sample Utah Immunization Program Forms
Sample Exemption Form
Sample Utah School Immunization Record (USIR) card

APPENDIX F - Page 70

Utah School and Child care Employee Immunization Recommendations

APPENDIX G - Page 71

Tips for Talking to Parents About Vaccines
How Do I Fill Out The Utah School Immunization Record (USIR)

APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

UTAH STATUTORY CODE

Utah Code – Statutes and Constitution

Title 53 G – Public Education System – Local Administration

Chapter 9 – Health and Welfare

Part 3 -- Immunization Requirements

Section 301 Definitions

53G-9-301. Definitions.

As used in this part:

- (1) "Department" means the Department of Health and Human Services created in Section 26B-1-201.
- (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 26B-4-321.
- (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.

APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

- (8) "Local health department" means the same as that term is defined in Section 26A-1-102.
- (9) "Required vaccines" means vaccines required by department rule described in Section 53G-9-305.
- (10) (a) "School" means any public or private:
- (i) elementary or secondary school through grade 12;
 - (ii) preschool;
 - (iii) child care program, as that term is defined in Section 26B-2-401;
 - (iv) nursery school; or
 - (v) kindergarten.
- (b) "School" does not include a:
- (i) home school;
 - (ii) home-based microschool; or
 - (iii) micro-education entity.
- (11) "Student" means an individual who attends a school.
- (12) "Vaccinating" or "vaccination" means the administration of a vaccine.
- (13) "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.
- (14) "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.

Amended by Chapter 464, 2024 General Session

5/1/2024

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).

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APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

53G-9-303. Grounds for exemption from required vaccines -- Renewal.

- (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 26B-7-118 is valid for at least two years.
- (5) An LEA that offers both remote and in-person learning options may not deny a student who is exempt from a requirement to receive a vaccine under Subsection (1) to participate in an in-person learning option based upon the student's vaccination status.
- (6) Nothing in this section restricts a state or local health department from acting under applicable law to contain the spread of an infectious disease.

5/3/2023

APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

53G-9-304. Vaccination exemption form.

- (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 26B-7-118, 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.

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APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

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.

2018

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 notice described in Subsection 53G-9-308(3).
- (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.

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APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

53G-9-308. Conditional enrollment -- Suspension for noncompliance -- Procedure.

- (1) As used in this section:
 - (a) "Enroller" means the same as that term is defined in Section 53G-6-603
 - (b) "Newcomer student" means the same as that term is defined in Section 53E-3-524.
 - (c) "Social service provider" means the same as that term is defined in Section 53E-3-524.
- (2) 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 30 calendar days after the day on which the school provides the notice described in Subsection (3).
- (3) (a) Within five days after the day on which a school places a student on conditional enrollment, the school shall provide notice to the enroller 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 (2)(b); and
 - (iv) describes the process for obtaining a required vaccination.(b) The school shall deliver the notice described in Subsection (3)(a):
 - (i) when possible, in the enroller's preferred language; and
 - (ii) using one of the following methods of delivery, as determined by mutual agreement between the school and the enroller:
 - (A) written notice delivered in person;
 - (B) written notice by mail;
 - (C) written notice by email or other electronic means; or
 - (D) by telephone, including voicemail.
- (4) 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).
- (5) Except as provided in Subsection (6), 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).
- (6) A school principal or administrator:
 - (a) 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
 - (b) may grant an additional extension of the conditional enrollment period in cases of extenuating circumstances, if the school principal or administrator and one of the following agree that an additional extension will likely lead to compliance with Subsection 53G-9-302(1):
 - (i) a school nurse;
 - (ii) a health official; or
 - (iii) a health official designee, including:
 - (A) a social service provider; or
 - (B) a culturally competent and trauma-informed community representative.
- (7) For purposes of Subsection (6), a newcomer student enrolling in a school for the first time is an extenuating circumstance.

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APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

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 26B-1-212 and Section 53E-9-202.

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APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

53E-3-524. Newcomer student and foreign exchange student transcript repository.

- (1) As used in this section:
- (a) "Newcomer student" means a student who:
- (i) is three through 21 years old;
 - (ii) was not born in any state; and
 - (iii) has not attended one or more schools in one or more states for more than three full academic years.
- (b) "Qualified social service provider" means a social service provider that works directly with a student's family.
- (c) "Repository" means the online transcript repository described in Subsection (2).
- (d) "Social service provider" means:
- (i) one of the following professionals, licensed to practice under Section 58-60-205:
 - (A) a clinical social worker;
 - (B) a certified social worker; or
 - (C) a social service worker; or
 - (ii) staff employed to provide direct support to a professional described in Subsection (1)(d)(i).
- (e) "State" means:
- (i) a state of the United States;
 - (ii) the District of Columbia; or
 - (iii) the Commonwealth of Puerto Rico.
- (f) "Student" means an individual who is enrolled in:
- (i) a public school within the state of Utah; and
 - (ii) any grade from kindergarten through grade 12.
- (g)(i) "Transcript" means documentation of a newcomer student's or foreign exchange student's prior educational experience.
- (ii) "Transcript" includes oral representations about prior educational experience that a school or an LEA documents.
- (2) On or before July 1, 2024, the state board shall establish and maintain, as part of the Utah school information management system described in Section 53E-3-518, an online repository for transcripts.

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- (3)The state board shall:
- (a) ensure that the repository provides a central location for:
 - (i) an LEA to upload transcripts; and
 - (ii) LEAs and qualified service providers to share information regarding transcripts, including:
 - (A) best practices for linguistic interpretation;
 - (B) interpretation of educational experiences; and
 - (C) placement of newcomer students;
 - (b) ensure that use of the repository:
 - (i) is voluntary; and
 - (ii) complies with all state and federal student privacy requirements, including:
 - (A) Title 53E, Chapter 9, Student Privacy and Data Protection; and
 - (B) the Family Educational Rights and Privacy Act, 20 U.S.C. Sec. 1232g;
 - (c) provide the repository at no cost to LEAs;
 - (d) provide access to the repository to qualified social service providers;
 - (e) establish appropriate access protocols in coordination with LEAs and qualified social service providers; and
 - (f) annually, before the school enrollment period begins, provide notice of the repository to interested parties that the state board designates in state board rule.
- (4) The state board shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to implement this section, including rules:
- (a) establishing procedures:
 - (i) to protect student data related to the repository in compliance with Title 53E, Chapter 9, Student Privacy and Data Protection; and
 - (ii) for the use of the repository by the state board, LEAs, and qualified social service providers;
 - (b) requiring repository users to enter into a data sharing agreement; and
 - (c) designating the interested parties described in Subsection (3)(f).

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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

APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

R396. Health and Human Services, Disease Control and Prevention, Immunization.

R396-100. Immunization Rule for Students.

R396-100-1. Purpose and Authority.

(1) This rule implements the immunization requirements of Title 53G, Chapter 9, Part 3 Immunization Requirements. It establishes minimum immunization requirements for attendance at a public, private, elementary, or secondary school through grade 12, nursery school or Kindergarten, 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) Section 53G-9-305 authorizes this rule.

R396-100-2. Definitions.

The definitions in Section 53G-9-301 apply to this rule. In addition, as used in this rule:

- (1) "Department" means the Utah Department of Health and Human Services created in Section 26B-1-201.
- (2) "Early Childhood Program" means a nursery or preschool, licensed day care center, child care facility, family care home, or Head Start program.
- (3) "Exemption" means a relief from the statutory immunization requirements by qualifying under Section 53G-9-303.

R396-100-3. Required Immunizations.

- (1) A student enrolling in kindergarten through sixth grade shall be immunized in accordance with the Advisory Committee on Immunization Practices (ACIP) Recommendations, as listed in Subsection R396-100-3(4), before school entry for the following vaccines and doses:
 - (a) Measles, Mumps, Rubella (MMR)-2 doses;
 - (b) Varicella-2 doses;
 - (c) Hepatitis B-3 doses;
 - (d) Polio-4 doses, dose number 4 is not necessary if dose 3 was administered at age 4 years or older and at least 6 months after the previous dose;
 - (e) Hepatitis A-2 doses; and
 - (f) Diphtheria, Tetanus, and Pertussis (DTaP)- 5 doses, dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 3.

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(2)(a) A student enrolling in seventh through twelfth grade:

(b) Must be immunized in accordance with the ACIP Recommendations, as listed in Subsection R396-100-3(4), before school entry for the following vaccines and doses:

(i) Tetanus, Diphtheria, and acellular Pertussis (Tdap)- One dose;

(ii) Measles, Mumps, Rubella (MMR)- 2 doses;

(iii) Varicella– 2doses;

(iv) Hepatitis B-3 doses;

(v) Polio– 4 doses, dose 4 is not necessary if dose 3 was administered at age 4 years or older and at least 6 months after the previous dose;

(vi) Hepatitis A-2 doses; and

(vii) Meningococcal Conjugate Vaccine– One dose.

(c) Must provide proof of previously receiving five doses of DTaP vaccine or 4 doses if dose 4 was administered at age 4 years or older and at least 6 months after dose 3. A student who has never been vaccinated with DTaP vaccine or who was not fully vaccinated with DTaP vaccine as provided by Subsection R396-100-3(1)(f), must be immunized with the appropriate number of doses of Tetanus, Diphtheria (Td) or Tdap vaccine in accordance with the catch-up Immunization schedule for children and adolescents who start late or who are more than one month behind.

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- (3) To attend a Utah early childhood program, a student must meet the minimum immunization requirements of the ACIP listed in Subsection R396-100-3(4) for the following antigens:
- (a) Diphtheria;
 - (b) Tetanus;
 - (c) Pertussis;
 - (d) Polio;
 - (e) Measles;
 - (f) Mumps;
 - (g) Rubella;
 - (h) Haemophilus Influenza Type b;
 - (i) Hepatitis A;
 - (j) Hepatitis B;
 - (k) Pneumococcal; and
 - (l) Varicella vaccines before school entry.
- (4) The vaccinations must be administered according to the recommendations of the United States Public Health Service's Advisory Committee on Immunization Practices (ACIP) which are incorporated by reference into this rule:
- (a) General Recommendations on Immunization: MMWR, December 1, 2006/Vol. 55/No. RR-15;
 - (b) General Recommendations on Immunization: MMWR, January 28, 2011; 60(RR02):1-60;
 - (c) Immunization of Adolescents: MMWR, November 22, 1996/Vol. 45/No. RR-13;
 - (d) Combination Vaccines for Childhood Immunization: MMWR, May 14, 1999/Vol. 48/No. RR-5;
 - (e) Use of Diphtheria Toxoid-Tetanus Toxoid-Acellular Pertussis Vaccine as a Five-Dose Series: Supplemental Recommendations of the Advisory Committee on Immunization Practices: MMWR November 17, 2000/Vol. 49/No. RR-13;
 - (f) Licensure of a Diphtheria and Tetanus Toxoids and Acellular Pertussis, Inactivated Poliovirus, Haemophilus influenzae Type b Conjugate, and Hepatitis B Vaccine, and Guidance for Use in Infants: MMWR, February 7, 2020, 69 (5);136-139;
 - (g) Prevention of Pertussis, Tetanus, and Diphtheria with Vaccines in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP): MMWR, April 27, 2018; 67 (2):1-44;
 - (h) 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; 60(01):13-15;
 - (i) Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccines Among Adolescents: MMWR, March 24, 2006, Vol. 55(RR03):1-49;
 - (j) Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccines: Updated Recommendations of the Advisory Committee on Immunization Practices: MMWR, January 24, 2020, Vol. 69 (3);77-83;
 - (k) A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States. Part 1: Immunization of Infants, Children and Adolescents: MMWR, December 23, 2005, Vol. 54(RR-16):1-39;

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- (l) Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices: MMWR, January 12, 2018; 67 (1); 1--31;
- (m) Haemophilus b Conjugate Vaccines for Prevention of Haemophilus influenza Type b Disease Among Infants and Children Two Months of Age and Older: MMWR, January 11, 1991/Vol. 40/No. RR-1;
- (n) 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;
- (o) Prevention and Control of Haemophilus influenzae Type b Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP) Recommendations and Reports: MMWR, February 28, 2014; 63(RR01):1-14;
- (p) 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;
- (q) Measles, Mumps, Rubella Vaccine (PRIORIX): Recommendations of the Advisory Committee on Immunization Practices --- United States, 2022: MMWR, November 18, 2022, 71 (46); 1465-1470;
- (r) Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013 -- Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP): MMWR, June 14, 2013; 62(RR04):1-34;
- (s) Use of Combination Measles, Mumps, Rubella, and Varicella Vaccine--Recommendations of the Advisory Committee on Immunization Practices: MMWR, May 7, 2010; 59(RR--3):1 -- 16;
- (t) Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP) Regarding Routine Poliovirus Vaccination: MMWR, August 7, 2009/Vol. 58/No. 30;
- (u) Poliomyelitis Prevention in the United States: MMWR May 19, 2000 / Vol. 49 / No. RR-05;
- (v) Prevention of Varicella: MMWR, June 22, 2007/Vol. 56/No. RR-4;
- (w) Prevention of Hepatitis A Through Active or Passive Immunization: MMWR, May 29, 2006/Vol. 55/No. RR-7;
- (x) Prevention of Hepatitis A Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices: MMWR, July 3, 2020, Vol. 69 (5);1-38;
- (y) 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;
- (z) Use of 15-Valent Pneumococcal Conjugate Vaccine Among U.S. Children: Updated Recommendations of the Advisory Committee on Immunization Practices-US, 2022: MMWR, September 16, 2022, 71(37);1174--1181;
- (aa) Preventing Pneumococcal Disease Among Infants and Young Children: MMWR October 6, 2000 /Vol. 49 / No. RR-09;
- (bb) Prevention and Control of Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP): March 22, 2013/62(RR02);1-22;
- (cc) Meningococcal Vaccination: Recommendations of the Advisory Committee on Immunization Practices: MMWR, September 25, 2020, Volume 69(9); 1--41;
- (dd) Licensure of a Meningococcal Conjugate Vaccine (Menveo) and Guidance for Use--Advisory Committee on Immunization Practices (ACIP), 2010: MMWR, March 12, 2010; 59(09):273; and
- (ee) Updated Recommendations for Use of Meningococcal Conjugate Vaccines--Advisory Committee on Immunization Practices (ACIP), 2010: MMWR, January 28, 2011; 60(03):72-76.

APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

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 or electronic 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 an immunization record as a certificate of immunization if:

(a) it is received from a statewide registry, the student's former school, or the student's legally responsible individual;

(b) it relates to a student regarding required vaccinations that the student has received; and

(c) it includes the date each vaccine was administered, as verified by a licensed health care provider, an authorized representative of a local health department, an authorized representative of the department, a registered nurse, or a pharmacist.

(3) The school or early childhood program shall transfer the following information from each certificate of immunization to the USIR:

(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)(a) Each school and early childhood program must maintain the following information in the file of each enrolled student:

(i) the completed USIR for each student;

(ii) an exemption form for each student claiming an exemption; and

(iii) immunity documents for each student claiming previously infection with measles, mumps, rubella (MMR), varicella, or hepatitis A disease. The immunity documents must include the results of serologic testing for immunity, titer testing, and a written statement signed by a healthcare provider confirming that, based on positive laboratory test results, the student does not need to receive the MMR, varicella, or hepatitis A vaccines. Immunity through serologic testing is only acceptable and allowed for those students who were previously infected with measles, mumps, rubella, varicella, or hepatitis A.

(b) 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.

(c) If a student withdraws, transfers, is promoted, or otherwise leaves school, the school or early childhood program shall either:

(i) return the USIR, any immunity documents, and any exemption form to the legally responsible individual of a student; or

(ii) transfer the USIR, any immunity documents, and any exemption form with the student's official school record to the new school or early childhood program upon the request of the student's legally responsible individual.

(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).

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R396-100-5. Exemptions.

- (1) A legally responsible individual of a student claiming an exemption to immunization for medical, religious, or personal reasons, as allowed by Section 53G-9-303, shall provide to the student's school or early childhood program the exemption form as set forth and required in Section 53G-9-304.
- (2) Also, to qualify for the exemption, the school or early childhood program shall attach the Section 26B-7-118 Health Education form to the student's USIR indicating the parent received the required health education by online module or from an authorized local health authority.

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 January 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 January 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 January 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 January 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.

R396-100-7. Conditional Enrollment, Extended Conditional Enrollment, and Exclusion.

- (1) A student that at the time of enrollment has not provided a school or early childhood program with a complete immunization record, as required in this rule, may attend the school or early childhood program on a conditional enrollment for:
 - (a) the period in which the student's immunization record is under review by the school or early childhood program; or
 - (b) 30 calendar days after the day the school or early childhood program provides a notice as described in Subsection 53G-9-308(3) to the enroller.
- (2) A school or early childhood program with conditionally and extended 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.
- (3) Once the student has met the requirements of this rule, the school or early childhood program shall take the student off conditional status.

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R396-100-8. Exclusions of Students Who Are Under Exemption, Conditionally, or Extended Conditionally Enrolled Status.

(1) A local or state health department representative may exclude a student, as authorized by Section 53G-9-302, who has claimed an exemption to all vaccines or to one vaccine, who is not immune to the outbreak disease, or who is conditionally or extended 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.

(3) Schools and early childhood programs shall comply with disease outbreak management options as described in Subsection 53G-9-309(3)(c).

R396-100-9. Penalties.

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 26B-1-224.

KEY: Immunization, rules and procedures

Date of Last Change: February– 25, 2024

Notice of Continuation: May 22, 2023

Authorizing, and Implemented or Interpreted Law: Title 53G Chapter 9 Part 3; 26B-7-118

APPENDIX B – FREQUENTLY ASKED QUESTIONS



ADMISSION/ENTRY

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. This must be 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) immunity documents for each student claiming previous infection with measles, mumps, rubella (MMR), varicella, or hepatitis A disease. The immunity documents must include the results of serologic testing for immunity, titer testing, and a written statement signed by a healthcare provider confirming that, based on positive laboratory test results, the student does not need to receive the MMR, varicella, or hepatitis A vaccines. Immunity through serologic testing is only acceptable and allowed for those students who were previously infected with measles, mumps, rubella, varicella, or hepatitis A; 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, including 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 30 calendar days after the day a school or early childhood program provides a notice to a student's legally responsible individual. 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 at the time of enrollment to a new school?

Yes. 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.

APPENDIX B – FREQUENTLY ASKED QUESTIONS



ADMISSION/ENTRY

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 the necessary immunizations to protect them 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) 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, **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 and Human Services under Section 53G-9-305;
 2. Has immunity documents for each student claiming previous infection with measles, mumps, rubella (MMR), varicella, or hepatitis A disease. The immunity documents must include the results of serologic testing for immunity, titer testing, and a written statement signed by a healthcare provider confirming that, based on positive laboratory test results, the student does not need to receive the MMR, varicella, or hepatitis A vaccines. Immunity through serologic testing is only acceptable and allowed for those students who were previously infected with measles, mumps, rubella, varicella, or hepatitis A;
 3. Is exempt from receiving the required 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 written notice to the child's legally responsible individual delivered in person, written notice by mail, written notice by email or other electronic means, or by phone including voicemail, that the school has placed the student on conditional enrollment for failure to comply with

APPENDIX B – FREQUENTLY ASKED QUESTIONS

the requirements of Subsection 53G-9-302(1). The notice should describe the identified deficiencies in the student's immunization record or states that the school has not received an immunization record for the student. Additionally, the notice should inform the legally responsible individual 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. The notice should also describe the process for obtaining a required vaccination.

6. What is conditional enrollment and what is the conditional enrollment process?

A student who has not provided a complete immunization record at the time of enrollment can attend a 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 30 calendar days after the day a school/early childhood program provides a notice to a student's legally responsible individual. According to the law, when possible, schools should deliver the conditional enrollment "notice" in the enroller's preferred language. Also schools should use one of the following methods of delivery as determined by mutual agreement between the school and the enroller: 1) written notice delivered in person, 2) written notice by mail, 3) written notice by email or other electronic means, 4) by telephone, including voicemail. 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 by 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.

During the conditional enrollment, the student's/child's legally responsible individual must ensure the student/child is vaccinated, provide a record of past vaccination, or provide immunity documentation if the student/child was previously infected with measles, mumps, rubella (MMR), varicella (chickenpox), or hepatitis A. Immunity documents must include the results of serological/titer testing, and a written statement signed by a healthcare provider. Required documents for proof of immunity are described further in the Utah Immunization Rule for Students R396-100-4.3.a.iii., or an exemption form provided for the missing vaccine. Students/children can attend school/early childhood program during the conditional enrollment period.

Conditional enrollment process:

- Starting on the day of enrollment, the school/early childhood program has up to five business days to review the immunization record.
- After the 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. This notice:
 - identifies and requests the required immunizations.
 - provides a 30-calendar day notice for the immunization records to be submitted in order to avoid exclusion.
- Students who do not comply by 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.

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, including: (A) a social service provider, or (B) a culturally competent and trauma-informed community representative agree that an additional extension will likely lead to compliance with school immunization record requirements during the additional extension period.

APPENDIX B – FREQUENTLY ASKED QUESTIONS

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 education 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 required 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 Utah vaccination exemption form must be attached to the Utah School Immunization Record (USIR) and kept in the student's cumulative folder. If a medical exemption is claimed, a written statement from a licensed healthcare provider must also be claimed and attached to the USIR.

9. When should students/children renew their exemption forms?

When the student is eligible to enroll in kindergarten or when 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 an 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 a 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.

APPENDIX B – FREQUENTLY ASKED QUESTIONS

11. What if a student/child has previously been diagnosed by a physician with a vaccine-preventable disease?

If a student or child has immunity to a disease **due to a previous infection**, an immunity document from a healthcare provider must be provided to the school or early childhood program. This document must include positive serologic (titer) test results and a signed statement from a healthcare provider confirming that, based on positive laboratory test results, the student does not need the MMR, varicella, or hepatitis A vaccines. **Immunity through serologic testing is only acceptable and allowed for those previously infected with measles, mumps, rubella, varicella, or hepatitis A.** 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:

- A list of students the school has received a valid and complete immunization record for;
- A list of students who are exempt from receiving a required vaccine;
- A list of students who are allowed to attend school/early childhood programs under conditional enrollment status under Section 53G-9-308; and
- A 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 26B-1-212 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.

APPENDIX B – FREQUENTLY ASKED QUESTIONS



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, identify each student who is not immune to the outbreak disease, such as 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. These students should be encouraged to complete their immunizations. School should exclude them from school/early childhood program or provide a separate educational environment that ensures their protection as well as the protection of the remainder of the student body.

3. We have some students whose exemption form state they are exempt from all the required vaccines. These students have been receiving vaccines since they submitted their exemption forms 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 investigations 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 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 in USIIS and print out the USIR for the students from USIIS. Unless a school or early childhood program enrolls and uses USIIS, a USIR must 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 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 from our Program website at https://immunize.utah.gov/wp-content/uploads/SchoolChildhoodPrintable/USIR-2022July_fillable.pdf

3. What about the USIR card filling?

Schools must use the most current version of the USIR (07/2022) 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 (07/2022) and if needed transfer all the old information onto the most current version of USIR or staple the new USIR to the old one.

APPENDIX B – FREQUENTLY ASKED QUESTIONS

Schools must also attach the following information to the current USIR form: immunity verification statement, Utah vaccination exemption form, or previous USIR card that has parent signature for chickenpox verification.

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 subsequent doses of vaccines. 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 if the recommendations align with Utah's unique needs and makes recommendations to the Utah Department of Health and Human Services as to which vaccines 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 receives the shot, it may have been ineffective in protecting them against disease. By consistently adhering to the minimum age and interval requirements for all vaccines, children are more likely to develop adequate immunity. Refer to the minimum age and interval chart on page 30.

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.

16. We frequently see children (mostly from certain foreign countries) who have received 6 or more doses of polio vaccine, all administered before 4 years of age. How do we handle this when assessing the child's immunization history? It is common practice in many developing countries to administer oral polio vaccine (OPV) to children during both routine visits and periodic vaccination campaigns, so a child's record may indicate more than 4 doses. Some of these doses may not be valid according to the U.S. immunization schedule. Doses are considered valid if written documentation indicates that doses of polio vaccine were given after 6 weeks of age and the vaccine received was listed as IPV or trivalent OPV (tOPV). A record simply indicating "OPV" also is acceptable if the OPV was administered before April 1, 2016, and it was not noted as being administered during a vaccination campaign. There specific criteria for OPV documentation because only trivalent polio vaccine doses count as valid for the U.S. polio vaccination schedule. Trivalent OPV ceased to be used globally in April 2016. OPV administered before April 1, 2016, generally was tOPV. However, "OPV" doses recorded as given during a mass vaccination campaign before April 2016 do not count as valid because such campaigns may have used monovalent or bivalent OPV. If the history is of a complete series of IPV or tOPV in any combination, at least one dose should be administered on or after 4 years of age and at least 6 months after the previous dose. If a complete series cannot be identified that meets these criteria, then the child should receive as many doses of IPV as needed to complete the U.S. recommended schedule.

Reference: updated on July 23, 2023 (https://www.immunize.org/askexperts/experts_pol.asp).

APPENDIX B – FREQUENTLY ASKED QUESTIONS



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:
 - 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.
 - The month, day, and year each vaccine was administered.
 - 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) Whether the child has immunity from measles, mumps, rubella (MMR), chickenpox, or hepatitis A diseases and submitted the appropriate documentation.

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:**
 - 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 that students attending school or early childhood programs are in compliance with Utah's immunization requirements. This includes ensuring valid immunization records are complete and on file as well as determining whether a student has complied with the follow-up for additional information (records or doses).
 - (b) Should 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 for ensuring that annual immunization reports are submitted to the Utah Department of Health and Human Services.

3. Can a school scan the Utah School Immunization Record (USIR), exemption form, and healthcare 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 healthcare 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, the following criteria must be met:

- School personnel handling the USIR must ensure that all fields on the USIR are completed. The exemption form and healthcare provider documentation for the history of disease must be checked for accuracy before scanning into the file.
- The electronic copy of the USIR, student exemption form, and healthcare provider documentation for the history of disease must be made available to the Utah Department of Health and Human Services or local health departments as required for audits and to verify immunization records/exemptions/history of disease if an outbreak occurs for excluding all non-immunized students or exempt students.
- If a student withdraws, transfers, is prompted, or otherwise leaves the school, the school or early childhood program must either return the USIR, any immunity document, and any exemption form to the child's legally responsible individual, or transfer the USIR, any immunity documents, and any exemption form with the student's official school record to the new school or early childhood program upon the request of the student's legally responsible individual.

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

Fax: (801) 538-9440

Immunization Hotline: 1-800-275-0659

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.

- **American Academy of Pediatrics (AAP)** – Policy statements, student and community information, “Red Book” order information. www.aap.org
- **Bill & Melinda Gates Children’s Vaccine Program** – A non-profit organization which focuses on children in developing countries. 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
- **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*” (CDC Yellow Book) is available at: www.cdc.gov/travel.
- **Hepatitis Branch** – www.cdc.gov/hepatitis
- **Spanish Language** – www.cdc.gov/spanish
- **Morbidity and Mortality Weekly Report (MMWR)** – www.cdc.gov/mmwr
- **Children’s Hospital of Philadelphia (CHOP)** – Vaccine Education Center; great resources for families and professionals www.vaccine.chop.edu

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- **Immunize.org** is a premier non-profit web-based resource for practical, user-friendly immunization information - www.immunize.org

- **The National Network of Immunization Coalitions** is a project of Immunize.org:
<https://www.immunizationcoalitions.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, and webinars.

Website: 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.

Website: www.vaers.hhs.gov

FDA Information: 1-888-FDA-INFO

(1-888-463-6332)

- **The National Network for Immunization Information** –

Website: 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)

APPENDIX C – COMMUNICATION WITH PARENTS



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 “30-Day Conditional Enrollment Notice”**
- 5. Spanish “30-Day Conditional Enrollment Notice”**



Early Childhood Programs Immunization Requirements

Date:

Dear Parent/Guardian:

Utah law requires children enrolled in early childhood programs to be appropriately immunized for their age with the following vaccines:

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

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 the required immunizations your child 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 having to take this action, but state law requires that children must be appropriately immunized to attend a Utah school or early childhood program. Our facility supports this policy.

Please obtain complete dates for the indicated immunizations and provide us with a record. If your child is not immunized due to medical, religious, or personal reasons, you are required to provide us with the appropriate exemption form. If your child has immunity against the diseases for measles, mumps, rubella (MMR), hepatitis A, or chickenpox because they previously contracted the disease, you need to provide us with the necessary immunity documents, including the results of serological/titer testing and a written statement signed by a healthcare provider confirming that. Your child can not attend school until we receive this information.

Vaccine	Dose in Question (circle dose number)	Reason (see codes to right)
DTaP/DT/Td*	1 2 3 4 5	
Tdap*	1	
Polio	1 2 3 4	
MMR (Measles, Mumps, Rubella)	1 2	
Hepatitis B	1 2 3	
Haemophilus influenzae type b (Hib)	1 2 3 4	
Varicella (Chickenpox)	1 2	
Hepatitis A	1 2	
Pneumococcal (PCV)	1 2 3 4 5	
Meningococcal Conjugate	1	

A. Dates or doses are missing or incomplete.

B. Previous dose(s) was/were given too close together.

C. Previous dose(s) was/were given at too young an age.

*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.

Vacuna	Dosis faltante (haga un círculo alrededor del número de la dosis faltante)					Razón (vea códigos en columna derecha)
DTaP/DT/Td *	1	2	3	4	5	
TDap (Refuerzo)*			1			
Polio	1	2	3	4		
MMR (Sarampión, Paperas, Rubéola)		1	2			
Hepatitis B	1	2	3			
Haemophilus Influenzae Tipo b (Hib)	1	2	3	4		
Varicela		1	2			
Hepatitis A		1	2			
Pneumocócica (PCV)	1	2	3	4	5	
Meningocócica			1			

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 = Pertussis

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

Sinceramente,

Name

Title



30 Calendar Day Conditional Enrollment Notice

Date:

To the legally responsible individual of **[Student/Child's Name]**,

The purpose of this letter is to inform you that, in reviewing your student/child's 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 30 calendar days to bring proof of immunizations, an exemption form, or proof of immunity against the diseases for measles, mumps, rubella (MMR), hepatitis A, or chickenpox. If your child previously contracted the disease, you need to provide us with the necessary immunity documents, including the results of serological/titer testing and a written statement signed by a healthcare provider confirming that. Please provide this information to us by **[deadline date]** Your student/child is allowed to attend school/early childhood program during the **30**-calendar-day conditional enrollment period.

Your child is missing the following immunization(s):

- DTaP (Diphtheria, Tetanus, acellular Pertussis)
- Tdap
- Polio
- MMR (Measles, Mumps, Rubella)
- Hepatitis A
- Hepatitis B
- Haemophilus influenzae type b (Hib)
- Varicella (chickenpox)
- Pneumococcal Conjugate (PCV)
- 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 to print the vaccination exemption form for your child, or visit your local health department to obtain an exemption form. If you choose to complete the exemption form in person from a local health department, you may have to pay a fee. 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 diseases for measles, mumps, rubella (MMR), hepatitis A, or chickenpox because they previously contracted the disease, you need to provide us with the necessary immunity documents, including the results of serological/titer testing and a written statement signed by a healthcare provider confirming 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)



Aviso de Matriculación Condicional de 30 Días Calendarios

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 30 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 30 días calendarios de matriculación.

A su hijo le faltan las siguientes inmunizaciones:

- DTaP (Difteria, Tetano y Pertusis)
- Tdap
- Polio
- MMR (Sarampión, Paperas, Rubeola)
- Hepatitis A
- Hepatitis B
- Haemophilus influenzae tipo b (Hib)
- Varicela
- Pneumococcal Conjugate (PCV)
- 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)

APPENDIX D – COMMON VACCINE NAMES



The following table is provided as a reference for school and early childhood program personnel, as well as healthcare 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 into 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, refer to the “Epidemiology and Prevention of Vaccine-Preventable Diseases” (Pink Book).

APPENDIX D – COMMON VACCINE NAMES

Vaccine/Combination Vaccine (by Generic Name or Trade Name)	Vaccine Components and Abbreviations
ACEL-IMUNE®	Diphtheria.Tetanus, acellular Pertussis (DTaP)
ActHIB®	Haemophilus influenzae type b (Hib)
Adacel®	Tetanus/Diphtheria/acellular Pertussis (Tdap)
BOOSTRIX®	Tetanus/Diphtheria/acellular Pertussis (Tdap)
COMVAX®	Hepatitis B/Haemophilus influenzae type b
DT	Diphtheria/Tetanus (DT)
DTaP	Diphtheria/Tetanus/acellular Pertussis (DTaP)
DTP	Diphtheria/Tetanus/whole cell Pertussis (DTP)
DAPTACEL®	Diphtheria/Tetanus/acellular Pertussis (DTaP)
Engerix-B®	Hepatitis B (HepB)
GARDASIL®	Human Papillomavirus (HPV)
HAVRIX®	Hepatitis A (HepA)
HibTITER®	Haemophilus influenzae type b (Hib)
HPV	Human Papillomavirus (HPV)
INFANRIX®	Diphtheria/Tetanus/acellular Pertussis (DTaP)
IPV / IPOL®	Polio (Inactivated Polio Vaccine) (IPV)
KINRIX®	Diphtheria/Tetanus/acellular Pertussis, Inactivated Polio Vaccine (DTaP/IPV)
Menactra®	Meningococcal Conjugate Vaccine (MCV4 or MenACWY)
Menomune®	Meningococcal Polysaccharide Vaccine (MPSV4)
MR	Measles/Rubella (MR)
MMR	Measles/Mumps/Rubella (MMR)
M-M-R II®	Measles/Mumps/Rubella
OPV / ORIMUNE®	Polio (Oral Polio Vaccine)
PEDIARIX™	Diphtheria/Tetanus/acellular Pertussis, Hepatitis B, Inactivated Polio
PedvaxHIB®	Haemophilus influenzae type b (Hib)
Pentacel®	Diphtheria/Tetanus/acellular Pertussis, Inactivated Polio, Haemophilus influenzae type b (DTaP/IPV/Hib)
Pneumovax®	Pneumococcal Conjugate Vaccine (also called PPV23)
Prevnar®	Pneumococcal Conjugate Vaccine (PCV 7 or PCV13)
ProHIBIT™	Haemophilus influenzae type b (only for children ≥18 months of age)
ProQuad®	Measles, Mumps, Rubella, Varicella
RECOMBIVAX HB®	Hepatitis B (Hep B)
RotaTeq®	Rotavirus (Rota)
ROTARIX®	Rotavirus
Td	Tetanus/ Diphtheria (for ≥7 years of age)
TETRAMUNE®	Diphtheria/Tetanus/whole cell Pertussis/Haemophilus influenzae type b (DTP/Hib)
TriHIBIT®	Diphtheria/Tetanus/acellular Pertussis/Haemophilus influenzae type b (DTaP/Hib)
Tripedia®	Diphtheria/Tetanus/acellular Pertussis (DTaP)
TWINRIX®	Hepatitis A/Hepatitis B (Hep B/Hep A)
VAQTA®	Hepatitis A (Hepatitis A)
VARIVAX®	Varicella (Chickenpox)



SAMPLE FORMS

The following pages contain sample forms provided by the Utah Immunization Program:

- 1. Sample Exemption Form**
- 2. Sample Utah School Immunization Record (USIR) card**

APPENDIX E – UTAH IMMUNIZATION PROGRAM SAMPLE FORMS

Below is a sample of the current vaccination exemption form after completion of the online education module.

VACCINATION EXEMPTION FORM

Parent/Guardian Name: Nasrin Zandjarim has completed the online vaccination education module as allowed by Section 53G-9-303 of the Utah Statutory Code.

Child Name: Torol Z

Child Date of Birth: October 15, 2020 Date Completed: October 11, 2023

Grade Level:
 Early Childhood Grade K-6 Grade 7-12

Exemption Reason:
 Personal
 Medical
 Religious

Exemptions:
 DTP/DTaP/DT/Tdap/Td
 HIB
 POLIO
 MMR
 HEP-B
 CHICKENPOX
 HEP-A
 PNEUMO PCV
 MEN ACWY


Utah Department of
Health & Human Services
Population Health / Immunization Program

Printed on April 05, 2024

APPENDIX E – UTAH IMMUNIZATION PROGRAM SAMPLE FORMS



UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 of the Utah Statutory Code and shall transfer with that school record upon request of the student's legally responsible individual. See back for instructions on how to fill out this form.

Student Name _____ Gender Male Female Date of Birth _____
 Name of Parent/Guardian _____ Student ID Number _____
 USIIS ID _____

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose that was given.					Status	Due Date	Exemption
	1 st	2 nd	3 rd	4 th	5 th /Last			
DTaP, DTP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-Perussia, aP-acellular Pertussis)</small>								
Tdap <small>(1 dose of an inactivated DTaP given on or after 10 years of age)</small>								
Polio (IPV or OPV)								
Haemophilus influenzae type b (Hib)								
Pneumococcal								
Measles, Mumps, and Rubella (MMR) <small>(1st dose must be received on or after the 1st birthday)</small>								
Hepatitis B (HBV)								
Varicella (Chickenpox) <small>(1st dose must be received on or after the 1st birthday)</small>								
Hepatitis A (HAV) <small>(1st dose must be received on or after the 1st birthday)</small>								
Meningococcal Conjugate (ACWY)								

Immunization record received for this student is from: A statewide registry
 Student's former school
 Legally responsible individual of the student

Authorized Signature: _____ Date: _____

Office of Communicable Diseases
 Immunization Program
immunize.utah.gov
 (801) 538-9450

Rev. 07/2022

Above signature is the signature of the school or health personnel who verified the Utah School Immunization Record (USIR) against the source record(s).

Instructions on how to complete the Utah School Immunization Record

All schools and early childhood programs must have a Utah School Immunization Record (USIR) for each enrolled student. The USIR must be completed by hand or printed from the Utah Statewide Immunization Information System (USIIS). For detailed information on the required immunizations and minimum intervals between vaccines doses, refer to the Utah Immunization Guidebook at immunize.utah.gov.

Instructions for Participating USIIS Users

The following fields will be automatically filled in on the USIR when printed by a participating USIIS User:

- **Student Information:** Student Name, Gender, Date of Birth, Name of Parent/Guardian (if entered on the Demographics page) and USIIS ID. The Student ID will only print when printed from a school that is enrolled in USIIS and has the students linked to that specific school.
- **Vaccine Information:** Dates of vaccines given (1st, 2nd, 3rd, 4th, 5th/Last), Status, and Due Date.

Completing the Form: Verify information is correct, print form, and fill in any of the necessary missing information below by hand or type.

- **Immunization Record Received For This Student:** Mark "A statewide registry", if you used any other records for verification or missing information also mark "Student's former school" and/or "Legally responsible individual of the student".
- **Proof of Immunity (history of disease):** Fill in the status column with "Immunity" for a claim that a child has immunity against a disease which requires vaccination due to previously contracting the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed healthcare provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

Instructions for Non-Participating USIIS Users or users who do not print USIR from USIIS

- **Student Information:** Fill in the Student Name, Gender, Date of Birth, and Name of Parent/Guardian.
- ***NOTE -** The USIIS ID and Student ID are not required fields to be completed by facilities that are not enrolled in USIIS or users who do not print USIR from USIIS.
- **Vaccine Information:** Fill in the dates (month, day, and year in the appropriate column i.e., 1st, 2nd, 3rd, 4th, 5th/Last) for each of the required vaccines the student has received. Ensure these dates have been verified by a licensed healthcare professional, registered nurse, authorized representative of a local health department, and/or pharmacist that is on the immunization record(s) you received for that student.
- ***NOTE -** Status is only required to be completed if the student has a past history of disease such as chickenpox. Due Date is not a required field to be completed by facilities that are not enrolled in USIIS or do not print USIR from USIIS.
- **Immunization Record Received For This Student:** Mark the source of the record(s) used to complete this document.
- **Proof of Immunity (history of disease):** Fill in the status column with "Immunity" for a claim that a child has immunity against a disease which requires vaccination due to previously contracting the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed health care provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

For further information, visit the Utah Immunization website at immunize.utah.gov or call 801-538-9450

APPENDIX F - UTAH SCHOOL AND CHILDCARE EMPLOYEE IMMUNIZATION RECOMMENDATIONS

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 and Human Services 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.

Recommended Immunizations For Teachers and Childcare Staff¹		
Vaccine	Persons Born Before 1957	Persons Born In or After 1957
MMR ² (Measles, Mumps, Rubella)	1 dose for women of childbearing age and for all adults <u>not</u> born in the U.S.	2 doses of MMR, at least 1 month apart
Varicella (Chickenpox) ³	2 doses	
Hepatitis A	2 doses	
Hepatitis B	2 or 3 doses depending on the brand	
Td/Tdap ⁴ (Tetanus, Diphtheria, Pertussis [Whooping Cough])	1 dose of Tdap, then Td or Tdap booster every 10 years	
Influenza	Annual influenza vaccine is recommended for everyone 6 months of age and older	

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.

October 2022

APPENDIX G – TIPS FOR TALKING TO PARENTS ABOUT VACCINES

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...?

School & childcare student files must have a USIR.

Every Utah school and early childhood program student file **MUST** have a USIR (UT Admin Code R396-100-4). If the USIR is kept in an electronic form it must be up-to-date with the most current immunization information, any required documents (see 3 & 4 below), and have all the required signatures.

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 (UT Admin Code R396-100-4 [3a]).

Participating USIS users can print out auto-filled USIRs.

Two of the main sections, "Student Information" and "Vaccine Information" will be automatically filled in on the USIR when printed by a participating USIS user. To access forms on USIS go to apps.usis.org and click on USIS Immunize. To print out blank forms go to immunize.utah.gov/order-educational-materials.

For compliance ensure all required fields in sections 1-5 are complete.

- 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.

*NOTE - USIS ID and Student ID Number are not required fields for facilities not enrolled in USIS.

- 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 are in the student's file, their USIR will still be considered noncompliant for documentation. The USIR is the official school record. Immunization histories, yellow cards, and other doctor forms are supportive documents.

*NOTE - Due Date is not a required field for facilities not enrolled in USIS and Status is only a required field if they are claiming an immunity (see 4 below).

- 3. Exemptions:** Fill in the exemption column with the type of exemption "Religious, Personal, or Medical" if the student has an exemption. 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. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed health care provider must also be attached. For more specifics on exemptions refer the Utah Immunization Guidebook at immunize.utah.gov.

- 4. Proof of Immunity:** Fill in the status column with "immunity" if a child has immunity to measles, mumps, rubella, varicella, or hepatitis A due to a previous infection. An immunity document from a healthcare provider must be provided to the school. This document must include positive serologic (titer) test results and a signed statement from a healthcare provider confirming that, based on positive laboratory test results, the child does not need the MMR, varicella, or hepatitis A vaccines.

- 5. Record Source, Signature & Date:** Every USIR needs to be signed and dated. This is the signature of the 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., USIS), 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/or record source is considered an incomplete record.

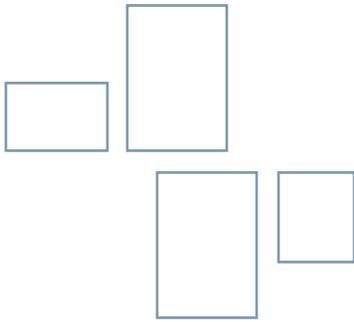
- 6. USIR Version:** The USIR is periodically updated. At enrollment each student in Kindergarten and 7th grade or any existing student that receives a required vaccine not on their older USIR version must have the most current USIR version. The latest version can be found on the Utah Immunization Program website at immunize.utah.gov/order-educational-materials.

The form is titled "UTAH SCHOOL IMMUNIZATION RECORD". It contains the following sections:

- Student Information:** Fields for Student Name, Date of Birth, Gender, and Parent/Guardian Name.
- Vaccine Information Table:** A table with columns for Vaccine, Dose, Date, and Status. The table is annotated with numbers 1 through 6.
- Authorized Signature and Date:** Fields for the signature and date of the person verifying the record.
- Record Source:** A section for indicating the source of the immunization information.

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





P.O. Box 142012 | 288 North 1460 West | Salt Lake City, UT 84114-2012
1-800-275-0659 or 801-538-9450 | immunize.utah.gov