

Kansas School Immunization Requirements Frequently Asked Questions

Kansas Statute

Q: Why do some school boards not exclude students who are non-compliant with the required school immunizations?

A: [Kansas Statute K.S.A. 72-6265](#) states: School boards may exclude students who have not completed the required inoculations. This decision rests with each school board.

Q: Why do medical exemptions from a health care provider not give a specific reason for the exemption?

A: Health care providers are not required to provide specific health information for a medical exemption. The form must be completed and signed annually by a health care provider.

Q: Is there a discrepancy between the Advisory Committee on Immunization Practices (ACIP) and Kansas school immunization requirements?

A: No. The Kansas school immunization requirements are based on ACIP recommendations. It may appear there is a discrepancy because not all ACIP recommendations are required under Kansas Statute. For example, under current Kansas school immunization guidelines, the influenza vaccine is not required for K-12 attendance.

Q: It appears there may be some misunderstanding of minimum vaccine intervals and ages which lead to repeated vaccines. How are school healthcare personnel communicating this to providers?

A: The ACIP schedule documents the minimum intervals and ages for each vaccine. School healthcare personnel might share this schedule with the provider and offer to assist in deciphering tough cases. The provider is ultimately the one who is responsible for the immunization services they provide and if they refuse to re-vaccinate, the school may document this in the child's record.

Q: Where can I find a list of diseases that students are required to show proof of immunity against for school entry?

A: [The Kansas Register Regulations Vol. 38, No. 29, July 18, 2019](#), Department of Health and Environment, Permanent Administrative Regulations

DTaP and Tdap

Q: What if a child younger than 7 years old receives a Tdap or a child older than 7 years old receives a DTaP?

A: The information below details when doses can be counted as valid and when they should be repeated:

- Tdap given to a child younger than age 7 years as either dose 1, 2, or 3 is NOT valid. Repeat with DTaP as soon as possible.
- Tdap given to a child younger than age 7 years as either dose 4 or 5 can be counted as valid for DTaP dose 4 or 5.
- Tdap or DTaP given to children ages 7 to 9 years that are fully vaccinated should receive the routine Tdap dose at age 11-12 years.
- Tdap or DTaP given to children ages 7 to 9 years that are NOT fully vaccinated should be counted as part of the Tdap catch-up series. They should receive the routine Tdap dose at age 11-12 years.
- Tdap or DTaP given to a child age 10 years that is fully vaccinated will count as the routine Tdap dose given at 11-12 years.
- DTaP given to a child age 10 years that is NOT fully vaccinated will count as the routine Tdap dose given at 11-12 years.
- DTaP given to a child age 11 years or older, this dose can be counted as the routine Tdap dose.

*Q: If a child between the ages of 7 to 9 years receives a dose of Tdap as a part of the **catch-up schedule**, will that child need an additional dose at 7th grade (11-12 years old)?*

A: Yes. Persons aged 7 to 9 years who receive a dose of Tdap as part of the **catch-up schedule** will be required to receive an additional dose of Tdap at age 11 to 12 years.

*Q: If a child between the ages of 7 to 9 years **inadvertently** received a dose of Tdap, does this dose count as a valid dose?*

A: No, the Tdap dose should not be counted as valid. Persons aged 7 to 9 years who **inadvertently** received a dose of Tdap will be required to receive an additional dose of Tdap at age 11 to 12 years.

Q: If a child receives a dose of Tdap \geq 10 years, will that child need an additional dose at 7th grade (11-12 years old)?

A: No. If a Tdap dose is administered at age \geq 10 years, the Tdap dose may count as the 7th grade (11-12 years old) Tdap dose. This recommendation was updated per the [MMWR/ January 24, 2020/69\(3\);77-93](#)

Q: What is the catch-up schedule for an incomplete DTaP or Tdap series?

A: The catch-up schedule is as follows:

- Person ages 7-18 years not fully immunized with DTaP: 1 dose of Tdap as a part of the catch-up series; if additional doses are needed, use Td.
- Adolescents ages 13-18 years who have not received a dose of Tdap: 1 dose of Tdap, then Td booster every 10 years
- For additional information on incomplete DTaP schedules, see The Centers for Disease Control and Prevention (CDC) [Catch-up Guidance for Children 4 Months through 6 Years of Age; Diphtheria-, Tetanus-, Pertussis-Containing Vaccines: DTaP/DT](#)
- For additional information on incomplete Tdap schedules, see [the CDC Catch-Up Guidance for Children 7 through 10 Years of Age; Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td](#) or the [Catch-Up Guidance for Children 11 through 18 Years of Age; Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td](#)

Hepatitis A

Q: Effective August 2, 2019 Hepatitis A is required for grades Kindergarten through 12th grade. How does the Implementation Schedule work?

A: The implementation Schedule is as follows:

2019-2020 Required for Kindergarten and 1st grade students

2020-2021 Required for Kindergarten through 3rd grade students

2021-2022 Required for Kindergarten through 5th grade students

2022-2023 Required for Kindergarten through 7th grade students

2023-2024 Required for Kindergarten through 9th grade students

2024-2025 Required for Kindergarten through 12th grade students

See the [Kansas Immunization Program's Phased Implementation Schedule](#) for more information.

Q: What schedule should be followed if a student previously received one dose of Hepatitis A?

A: The student should receive a second dose of Hepatitis A with a minimum interval of 6 months between doses. If a student previously received a dose greater than 6 months ago, there is no need to restart the series.

Hepatitis B

Q: What are the minimum acceptable intervals between doses of Hepatitis B vaccine?

A: The minimum intervals between doses are as follows:

- Dose 1 to dose 2: 4 weeks
- Dose 2 to dose 3: 8 weeks
- Dose 1 to dose 3: 16 weeks (when 4 doses are administered, substitute “dose 4” for “dose 3”)

Q: What is the minimum age for the 3rd dose of Hepatitis B vaccine?

A: The minimum age for the final dose (either the 3rd dose or 4th dose) is 24 weeks.

Meningococcal-Serogroup A,C,W,Y (MenACWY)

Q: Effective August 2, 2019 MenACWY vaccine is required for grades 7th through 12th grade. How does the Implementation Schedule work?

A: The 2022-2023 school year will conclude the MenACWY Phased Implementation Schedule for MenACWY.

- Children entering 7th, 8th, 9th, and 10th grades should receive one dose of MenACWY at school entry.
- Children entering 11th and 12th grade who have previously received a dose of MenACWY and at least 8 weeks has elapsed since dose one, need to receive the second dose of MenACWY at school entry. This second dose will complete the series.
- Children entering 11th and 12th grade having received no previous doses will need one dose of MenACWY at school entry. Because dose 1 was administered after the 16th birthday, no additional doses are needed.

Q: What schedule should be followed for the MenACWY vaccine?

A: The ACIP routine schedule is dose 1 at 7th grade (11-12 years of age) and dose 2 at 11th grade (16 years of age). The catch-up schedule is as follows:

- Age 13-15 years: 1 dose now and a booster at age 16-18 years
- Age 16-18 years: 1 dose
- The minimum interval between doses is 8 weeks

Polio

Q: What if a student has a record containing oral polio vaccine (OPV) and IPV (inactivated polio vaccine) or OPV only.

A: A student receiving vaccines outside of the United States might have a vaccine record contain either a combination of OPV and IPV or OPV only. If the minimum age for vaccination and minimum intervals are similar to that of the ACIP recommendations, doses can be accepted as valid. Countries using an accelerated schedule, with the first dose given as early as 6 weeks, the second and third doses administered at least 4 weeks after previous doses, and minimum interval between third and fourth doses at least 6 months can also be considered as valid doses. Only written, dated records are acceptable as evidence of previous vaccination. Documentation of vaccination with OPV outside the United States should specify vaccination against all three poliovirus types (trivalent OPV or tOPV). If both trivalent OPV (tOPV) and IPV were 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. 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 age 4 years, 1 dose of IPV should be given at age ≥ 4 years, at least 6 months after the last tOPV dose.

Varicella

Q: How is proof of immunity from varicella disease determined?

A: The ACIP and Kansas Immunization Program endorse the following criteria for verification of varicella immunity:

- Documentation of age appropriate vaccination with a varicella vaccine; dose 1 at 12-15 months and dose 2 prior to Kindergarten entry.
- Written documentation of 2 doses of varicella given no earlier than age 12 months with at least 4 weeks between doses.
- A healthcare provider's diagnosis or verification of varicella or herpes zoster.
- Laboratory evidence of immunity or laboratory confirmation of the disease
- Birth in the United States before 1980
- **Parental history of varicella is no longer accepted.**

Q: Is documentation of varicella disease by a licensed nurse acceptable for school entry?

A: Yes. A provider of immunization services may document history of varicella disease since they make the determination of whether or not to administer varicella vaccine based on the patient's vaccination or disease history.

Q: What is a valid interval between doses of varicella vaccine?

A: The ACIP schedule recommends the following:

- Children ages 1 through 12 years should have a 3-month minimum interval between dose 1 and dose 2. Therefore, students 12 years and younger should receive a second varicella dose 3 months after receiving the first dose.
- Students 13 years and older must have 28 days between doses.
- If the second dose is given 28 days after the first dose, ACIP does not recommend that the dose be repeated and should be counted as a valid dose.
- The 4-day grace period does not apply to the interval between live vaccines (i.e. between dose 1 and dose 2 of varicella).

4 Day Grace Period

Q: Can vaccines be considered valid if doses are given less than the minimum interval?

A: Vaccine doses administered ≤ 4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥ 5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. **Intervals between live vaccine doses (MMR, Varicella, Proquad, LAIV Influenza Vaccine) must be 28 days between doses, the 4-day grace period is not applicable.**

Other

Q: Who may sign the [Kansas Certificate of Immunization \(KCI\)](#)?

A: The [Kansas Statutes Related to School Immunizations](#) states, “In each school year, every pupil enrolling or enrolled in any school for the first time in this state, and each child enrolled for the first time in a preschool or day care program operated by a school, and such other pupils as may be designated by the secretary, prior to admission to and attendance at school, shall present to the appropriate school board certification from a physician or local health department that the pupil has received such tests and inoculations as are deemed necessary by the secretary by such means as are approved by the secretary.”

Q: May a rubber stamp be used to authorize a medical exemption?

A: No, the physician must review and authorize by a signature, the student’s medical exemption. As stated in [K.S.A.72-6262](#), a signature is required annually to validate the medical exemption. The reason for the exemption is not required.

Q: Are there any vaccines that need to be repeated if the series was not previously completed?

A: No, there are no vaccines that will need to have the series restarted. The child will need to receive the next dose.